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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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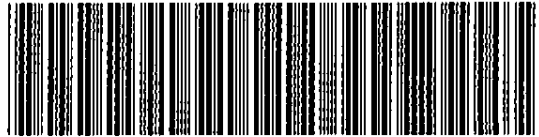
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 MAR -3 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: THOMSON MEDICAL SUPPORT CORP

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Roland W. Thomson

Name (Printed or typed)

1231 Green Valley Ct

Address

Apopka, FL 32703

City, State & Zip

407 929 5809

Daytime Telephone number

rthomson48@yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

THOMSON MEDICAL SUPPORT CORP

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1231 GREEN VALLEY CT
APOPKA, FL. 32703

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MASK FITTING SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ROLAND THOMSON
PRESIDENT / SECRETARY / TREASURER

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ROLAND THOMSON
1231 GREEN VALLEY CT

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROLAND THOMSON
APOPKA, FL 32703
ROLAND THOMSON
SAME AS REG AGENT

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

Signature/Incorporator

Date

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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AND
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