

P10000032994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

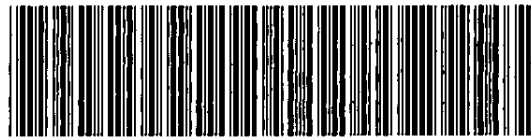
(Document Number)

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FILED  
2010 APR 15 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch APR 16 2010

## COVER LETTER

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

**SUBJECT:** NANCOR BIOMED INC

(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** GARY GOODWORTH

Name (Printed or typed)

7635 Weston Ct

Address

New Port Richey, FL 34643

City, State & Zip

727-415-3299

Daytime Telephone number

ggoodworth@infosysmgt.com (will be changed once email server is active for NANCOR)  
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:

NANCOR BIOMED INC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

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

7635 Weston Ct, N

New Port Richey, FL 34643

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Software sales, value added re-seller for other entities products, etc

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Linda Goodworth, 7635 Weston  
Ct. New Port Richey, FL 34654  
President

Gary Goodworth, 7635 Weston  
Ct. New Port Richey, FL 34654,  
Vice President

**ARTICLE VI REGISTERED AGENT**

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

Gary Goodworth, 7635 Weston Ct. New Port Richey, FL 34654

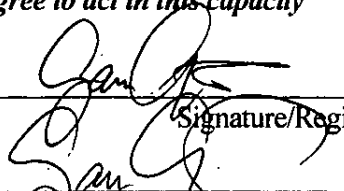
**ARTICLE VII INCORPORATOR**

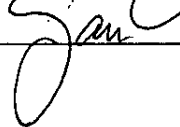
The name and address of the Incorporator is:

Gary Goodworth, 7635 Weston Ct. New Port Richey, FL 34654

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*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

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date