

P10000035583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

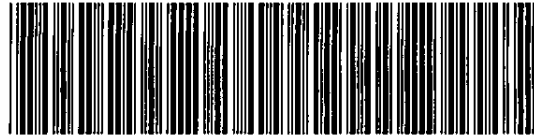
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/23/10--01032--005 \*\*236.25

FILING CANCELLED  
RETURNED CHECK

FILED  
10 APR 23 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4 26 M 00

## COVER LETTER

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

SUBJECT: Zenith Mobile Medicine 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  
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: Willie Pierre  
Name (Printed or typed)

14914 Hawksmoor Run Circle  
Address

Orlando, FL 32828  
City, State & Zip

407-936-4635  
Daytime Telephone number

Will.pierre08@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:

Zenith Mobile Medicine inc.

## ARTICLE II PRINCIPAL OFFICE

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

14914 Hawksmoor Run Circle  
Orlando, Florida 32828

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical

## 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):

Willie Pierre President / CEO  
14914 Hawksmoor Run Circle  
Orlando, FL 32828

## ARTICLE VI REGISTERED AGENT

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

Willie Pierre  
14914 Hawksmoor Run Circle  
Orlando, FL 32828

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Willie Pierre  
14914 Hawksmoor Run Circle  
Orlando, FL 32828

\*\*\*\*\*  
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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 APR 23 AM 9:51

FILED

4/20/2010

Date

4/20/2010

Date