

P1000080325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

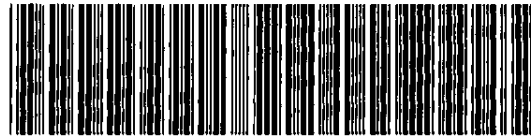
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 OCT -1 PM 4:15

APPROVED  
FILED

PS 10/4/10

**COVER LETTER**

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

SUBJECT: SUMERIAN CORPORATION  
(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: MARIA GARDNER  
Name (Printed or typed)

1646 W. RIVER DRIVE  
Address

MARGATE, FL 33063  
City, State & Zip

(954) 471-0487  
Daytime Telephone number

MALOU GARDNER @ 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)

APPROVED  
AND  
FILED

10 OCT -1 PM 4:15

**ARTICLE I NAME**

The name of the corporation shall be: **SUMERIAN CORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is: **1646 W. RIVER DRIVE  
MARGATE, FL 33063**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **MEDICAL SERVICES**

**ARTICLE IV SHARES**

The number of shares of stock is: **100 SHARES**

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

List name(s), address(es) and specific title(s): **MARIA GARDNER  
1646 W. RIVER DRIVE  
MARGATE, FL 33063**

**ARTICLE VI REGISTERED AGENT**

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

**KARLIE M. RAQIB  
1109 E. RIVER DRIVE  
MARGATE, FL 33063**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

**MARIA GARDNER  
1646 W. RIVER DRIVE  
MARGATE, FL 33063**

\*\*\*\*\*

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

**Karlie M. Raqib**

Signature/Registered Agent

**frangrdm**

Signature/Incorporator

**9/28/10**

Date

**9/28/10**

Date