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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRD
11/17

COVER LETTER

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

SUBJECT: Medical Supplies R Us, 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: Narupa Tiwari
Name (Printed or typed)

1007 Coastal Circle
Address

Ocoee, Fl. 34761
City, State & Zip

407-656-0800
Daytime Telephone number

narupatiwari@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: Medical Supplies R Us, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
Narupa Tiwari
1007 Coastal Circle
Ocoee, FL 34761

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Distribute medical supplies

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Narupa Tiwari
Address: President
1007 Coastal Circle
Ocoee, FL 34761

Name and Title: _____
Address: _____

Name and Title: Jacquelyn Ul-Haq
Address: V. President
1007 Coastal Circle
Ocoee, FL 34761

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Narupa Tiwari
Address: 1007 Coastal Circle
Ocoee, Florida 34761

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Narupa Tiwari
Address: 1007 Coastal Circle
Ocoee, FL 34761

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

Narupa Tiwari
Required Signature/Registered Agent

11/9/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Narupa Tiwari
Required Signature/Incorporator

11/9/10
Date

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TALLAHASSEE, FLORIDA