

P11000021551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

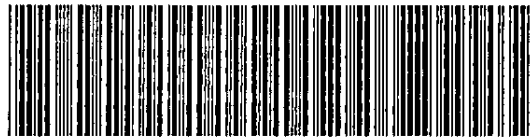
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
3/4

COVER LETTER

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

SUBJECT: JOY MEDICAL 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: HORACIO REINOSO
Name (Printed or typed)

366 WEST KEY LIME SQUARE SW
Address

VERO BEACH, FL 32968
City, State & Zip

(772) 299-3975
Daytime Telephone number

charlesmstivers@hotmail.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 JOY MEDICAL CORPORATION

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
366 WEST KEY LIME SQUARE SW
VERO BEACH, FL 32968

Mailing address, if different is:
C/O CHARLES M. STIVERS, CPA
118 RICHMOND ROAD
MANCHESTER, KY 40962

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
**MEDICAL DOCTORS OFFICE:
TO SEE PATIENTS**

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TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HORACIO REINOSO Name and Title: _____
Address: 366 WEST KEY LIME SQUARE SW Address: _____
VERO BEACH, FL 32968 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: HORACIO REINOSO
Address: 366 WEST KEY LIME SQUARE SW
VERO BEACH, FL 32968

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HORACIO REINOSO
Address: 366 WEST KEY LIME SQUARE SW
VERO BEACH, FL 32968

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:

Required Signature/Registered Agent

02/23/2011
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.

Required Signature/Incorporator

02/23/2011
Date