

P11000038996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

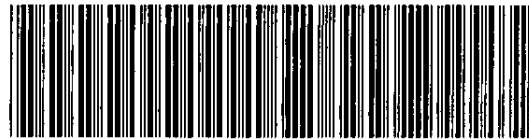
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/21/11--01022--005 **87.50

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11 APR 21 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 04/22/11

COVER LETTER

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

SUBJECT: Medic Health Supplies, 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: Leonora S Perron

Name (Printed or typed)

4918 Park Street

Address

Panama City, Fl 32404

City, State & Zip

850-258-3432

Daytime Telephone number

lperron54@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

Medic Health Supplies, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
4918 Park Street
Panama City, FL 32404

Mailing address, if different is:

P.O. Box 36243
Panama City, FL 32412

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of this corporation is to engage in any lawful business or activities for which a corporation may be organized under the laws of the United State and the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leonora S Perron, Pres/Sec
Address: 4918 Park Street
Panama City, FL 32404

Name and Title: _____
Address: _____

Name and Title: Zenda Bollotta, VPres/Trea
Address: 830 Miles Drive
Panama City, FL 32404

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:

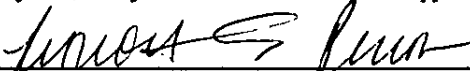
Name: Leonora S Perron
Address: 4918 Park Street
Panama City, FL 32404

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Leonora S Perron
Address: 4918 Park Street
Panama City, FL 32404

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

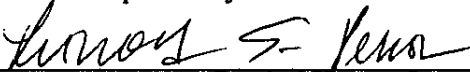


Required Signature/Registered Agent

4/18/2011

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

4/18/2011

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA