

PI10000054672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

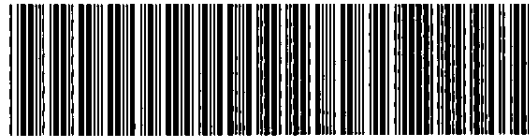
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700208621507

06/09/11--01035--001 \*\*78.75

FILED  
2011 JUN -9 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE FL 32304

SC 6/13

## COVER LETTER

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

SUBJECT: CapMed 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: Daniel Spivak

Name (Printed or typed)

1201 U.S. Hwy #1, Ste 36

Address

North Palm Beach, FL 33410

City, State & Zip

703-349-6800

Daytime Telephone number

dspivak@uniteddiabeticsupplies.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

2011 JUN -9 PM 2:30  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FL

# 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:

CAP MED, INC.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

1201 U.S. Hwy #1, Ste 36  
North Palm Beach, FL 33410

Mailing address, if different is:

P.O. Box 7272  
Jupiter, FL 33468

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The mission and goal of Cap Inc., is to provide both Medicare and private insurance holders with durable medical equipment. Additionally, CapMed Inc., will pursue other avenues of revenue growth within the medical field and beyond, including sound investments.

## ARTICLE IV SHARES

The number of shares of stock is: 95

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel Spivak, Director

Address: 1201 U.S. Hwy #1, Ste 36  
North Palm Beach, FL 33410

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Paul Spivak

Address: 118 Cassilly Way  
Jupiter, FL 33458

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Paul Spivak

Address: 118 Cassilly Way

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]  
Required Signature/Registered Agent

5/24/11  
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.

[Signature]  
Required Signature/Incorporator

5/24/11  
Date

2011 JUN -9 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA