

8C
6-13-11

COVER LETTER

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

SUBJECT: Daysix Medical, 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: Alex Sheehan
Name (Printed or typed)
6889 150th Place North
Address
Palm Beach Gardens, FL 33418
City, State & Zip
561-632-5469
Daytime Telephone number
dralex40@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL 32314

2011 JUN 13 PM 2:30

FILED

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: Daysix Medical, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6889 150th Place North
Palm Beach Gardens, FL 33418

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale of medical devices and equipment.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alex Sheehan, President
Address: 6889 150th Place North
Palm Beach Gardens, FL 33418

Name and Title: _____
Address: _____

Name and Title: Alex Sheehan, Secretary
Address: 6889 150th Place North
Palm Beach Gardens, FL 33418

Name and Title: _____
Address: _____

Name and Title: Alex Sheehan, Treasurer
Address: 6889 150th Place North
Palm Beach Gardens, FL 33418

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: Alex Sheehan
Address: 6889 150th Place North
Palm Beach Gardens, FL 33418

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alex Sheehan
Address: 6889 150th Place North
Palm Beach Gardens, FL 33418

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

Alex Sheehan
Required Signature/Registered Agent

6/8/11
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.

Alex Sheehan
Required Signature/Incorporator

6/8/11
Date

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SECRETARY OF STATE
TALLAHASSEE, FL 32399