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(Address)

(City/State/Zip/Phone #)

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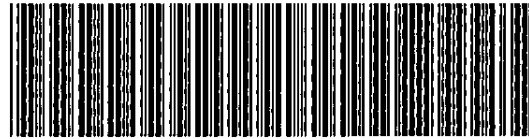
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COVER LETTER

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

SUBJECT: Marlin Capital, 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
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Status
ADDITIONAL COPY REQUIRED

FROM: Christopher C. Burdett

Name (Printed or typed)

1810 Old Okeechobee Rd

Address

West Palm Beach, FL 33409

City, State & Zip

561-478-5688

Daytime Telephone number

bonnysdyer@msn.com

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

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

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TALLAHASSEE, FL 32314

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COVER LETTER

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

SUBJECT: MEDICAL DEVICE FINANCE, 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:

Name (Printed or typed)

CHRISTOPHER C. BURDETT

Address

1810 OLD OKEECHOBEE RD - A

City, State & Zip

WEST PALM BEACH, FL 33409

Daytime Telephone number

561 478 5688

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

bonnysdye@MSN.com

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

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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 DEVICE FINANCE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

← - 1810 OLD OKEECHOBEE RD - A
- WEST PALM BEACH, FL 33409

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL SALES

ARTICLE IV CAPITALIZATION

The number of shares of stock is 10,000 (TEN THOUSAND)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTOPHER C. BURDETT - PRESIDENT
Address: 1810 OLD OKEECHOBEE RD
WEST PALM BEACH, FL 33409

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: CHRISTOPHER C. BURDETT
Address: 1810 OLD OKEECHOBEE RD - A
WEST PALM BEACH, FL 33409

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHRISTOPHER C. BURDETT
Address: 1810 OLD OKEECHOBEE RD - A
WEST PALM BEACH, FL 33409

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

CHRISTOPHER BURDETT Required Signature/Registered Agent

Date 8-19-11

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.

CHRISTOPHER BURDETT Required Signature/Incorporator

Date 8-9-11

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA