P11000075007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# COVER LETTER

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

**SUBJECT:** Charter Commercial & Distribution 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
- ☐ $78.75 Filing Fee & Certified Copy
- ☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

FROM: Robert H. Swan
Name (Printed or typed)

1155 Dartford Dr.
Address

Tarpon Springs, Florida, 34688
City, State & Zip

727-935-5547
Daytime Telephone number

nexxus@tampabay.rr.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**
The name of the corporation shall be: Charter Commercial & Distribution Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:
1155 Dartford DR.
Tarpon Springs, Fl. 34688

Mailing address, if different is:

**ARTICLE III PURPOSE**
The purpose for which the corporation is organized is:
Distribution, Import, export of medical equipment and instruments.

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TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**
The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:
Address:

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: Robert H Swan
Address: 1155 Dartford Dr
Tarpon Springs, Fl 34688

**ARTICLE VII INCORPORATOR**
The name and address of the Incorporator is:
Name: Miguel A Cuadros
Address: 701 Ponce De Leon Av. Ste. 215
San Juan, PR. 00907

*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 — August 17, 2011 Date

ROBERT H. SWAN

*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 — Aug 19th 2011

M. A. CUADROS