

P12000018456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

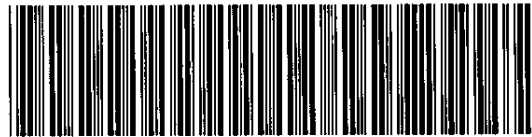
(Business Entity Name)

(Document Number)

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

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Office Use Only



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02/23/12--01004--020 \*\*78.75

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
12 FEB 23 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 02/23/12

## COVER LETTER

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

**SUBJECT: EDI 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: Eric W Jackson

Name (Printed or typed)

5810 N. Monroe Street Suite 210-110

Address

Tallahassee, FL 32303

City, State & Zip

770.378.6100

Daytime Telephone number

ewjackson14@gmail.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**

EDI Medical INC.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5810 N Monroe Street Suite 210-110  
Tallahassee, FL 32303

Mailing address, if different is:

PO Box 669  
Quincy, FL 32303

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To promote, sell, and service medical products.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Eric W Jackson (CEO)  
Address: 5810 N Monroe Street Suite 210-110  
Tallahassee, FL 32303

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

Name and Title: Kristin D Jackson (Director of Marketing)  
Address: PO Box 669  
Quincy, FL 32303

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

Name and Title: Susan D Jackson (CEO)  
Address: PO Box 669  
Quincy, FL 32303

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: ERIC W. JACKSON  
Address: 5810 N. Monroe St. Suite 210-110  
Tallahassee, FL 32303

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Eric W Jackson  
Address: 5810 N Monroe St  
Tallahassee, FL 32303

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

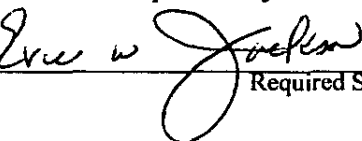


Required Signature/Registered Agent

2/23/2012

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

2/23/2012

Date

FILED  
12 FEB 23 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA