

P 12000057789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

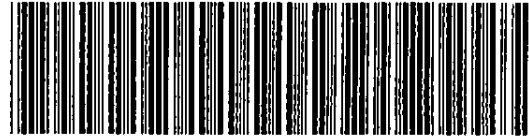
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/25/12--01004--002 **30.00

06/25/12--01004--001 **43.75

FILED
2012 JUN 26 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JUN 26 2012

COVER LETTER

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

SUBJECT: S.A.S 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: Scott A. Salvatoriello

Name (Printed or typed)

1137 Eagles Watch Trail

Address

Winter Springs, FL 32708

City, State & Zip

321 303-3609

Daytime Telephone number

ssalvatoriello@integrity-medical.com

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JUN 26 AM 10:50

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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: S.A.S Medical, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1137 Eagles Watch Tr.
Winter Springs, FL 32708

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Medical Device Vendor Sales

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scott A. Salvatoriello/President
Address: 1137 Eagles Watch Tr.
Winter Springs, FL 32708

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:

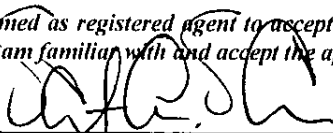
Name: Scott A. Salvatoriello
Address: 1137 Eagles Watch Tr.
Winter Springs, FL 32708

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Scott A. Salvatoriello
Address: 1137 Eagles Watch Tr.
Winter Springs, FL 32708

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



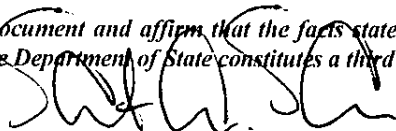
Required Signature/Registered Agent

2012 JUN 26 AM 10:50
CLERK OF COURT
TALLAHASSEE, FLORIDA

6-15-12

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

6-15-12

Date