

P12000061124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

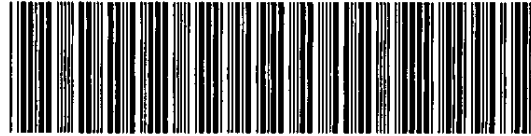
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 11 AM 10:10

Ps 7/12/12

COVER LETTER

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

SUBJECT: Amicus Med, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: David I. Shiner

Name (Printed or typed)

95 South Federal Highway, First Floor

Address

Boca Raton, Florida 33432

City, State & Zip

(561) 368-3363

Daytime Telephone number

David@shinerlawgroup.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Amicus Med, Inc.

12 JUL 11 AM 10:11

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
95 South Federal Highway
Boca Raton, Florida 33432

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
For any and all lawful purposes.

ARTICLE IV SHARES

The number of shares of stock is: One Thousand (1,000) shares of common stock.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David I. Shiner
Address: 95 South Federal Highway
Boca Raton, Florida 33432

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: Shiner Law Group, P.A.
Address: 95 South Federal Highway
Boca Raton, Florida 33432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David I. Shiner
Address: 95 South Federal Highway, First Floor
Boca Raton, Florida 33432

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

June 28, 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

June 28, 2012

Date