

P120000063313

1525-A The Greens Way

Jacksonville, Beach, FL 32250

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

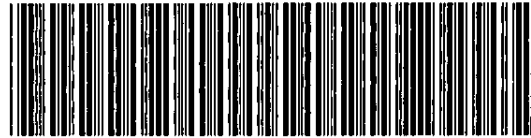
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 19 PM 1:14

7/19/12



FLORIDA DEPARTMENT OF REVENUE
Division of Corporations

RECEIVED
12 JUL 19 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 2, 2012

MARK J DEBIASE
1525-A THE GREENS WAY
JACKSONVILLE, FL 32250

SUBJECT: SAMCO MEDICAL SYSTEMS, LLC
Ref. Number: W12000035264

We have received your document for SAMCO MEDICAL SYSTEMS, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 012A00017893

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: Samco Medical Systems, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

1525-A The Greens Way
Jacksonville Beach, FL
32250

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale and distribution of Medical Supplies

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark J. DeBiase Mgr Name and Title: _____

Address: 24748 Harbour View Drive Address: _____

Ponte Vedra Beach, FL 32082

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Mark J. DeBiase

Address: 1525-A The Greens Way
Jacksonville Beach, FL 32250

ARTICLE VII INCORPORATOR

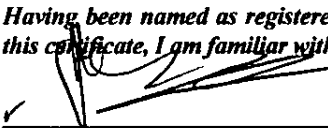
The name and address of the Incorporator is:

Name: Mark J. DeBiase

Address: 1525-A The Greens Way
Jacksonville, FL 32250

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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

6/27/2012
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

6/27/2012
Date