

P/2000068260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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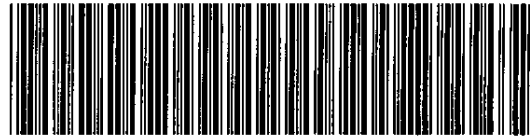
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

π 08/08/12

COVER LETTER

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

SUBJECT: PMD 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: Shevon Spence
Name (Printed or typed)
17911 S.W. 36th St
Address
Hiramam Florida 33029
City, State & Zip
954-918-7624
Daytime Telephone number
Shevon. Spence@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

The name of the corporation shall be: PMD Medical Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
17917 S.W. 36th St
Miramar FL 33029

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To established medical services, such as
staffing

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shervon Spence - President
Address: 17917 S.W. 36th St
Miramar FL 33029

Name and Title: Bryan Spence JR (CEO)
Address: 17917 S.W. 36th St
Miramar FL 33029

Name and Title: Bryan Spence SR (VP)
Address: 17917 S.W. 36th St
MIRAMAR, FL 33029

Name and Title: Christina Spence (Secretary)
Address: 17917 S.W. 36th St
MIRAMAR FL 33029

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: Shervon Spence
Address: 17917 S.W. 36th St Miramar
FL 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shervon Spence
Address: 17917 S.W. 36th St
Miramar, FL 33029

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

Shervon Spence
Required Signature/Registered Agent

7-30-2012
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.

Shervon Spence
Required Signature/Incorporator

7-30-2012
Date

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12 AUG -6 AM 9:58
DEPT. OF STATE
TALLAHASSEE, FLORIDA