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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/H

## COVER LETTER

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

**SUBJECT: JERS MEDICAL CORP.**

(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: **EDUARDO RAMIREZ**

Name (Printed or typed)

**7105 SW 8TH ST SUITE 303**

Address

**MIAMI FL 33144**

City, State & Zip

**305-262-1035**

Daytime Telephone number

**drramirezer@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: **JERS MEDICAL CORP.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**7105 SW 8TH ST SUITE 303**  
**MIAMI FL 33144**

Mailing address, if different is:

**FILED**  
**12 AUG -7 PM 12:57**  
**CLERK OF THE CIRCUIT COURT**  
**MIAMI, FLORIDA**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**MEDICAL SUPPLIES**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: **EDUARDO RAMIREZ**  
Address: **7105 SW 8TH ST SUITE 303**  
**MIAMI FL 33144**

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: **EDUARDO RAMIREZ**  
Address: **7105 SW 8TH ST SUITE 303**  
**MIAMI FL 33144**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

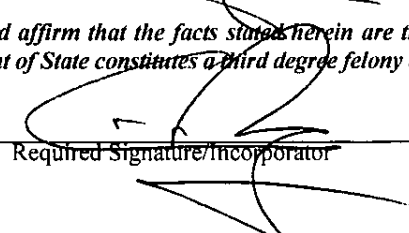
Name: **EDUARDO RAMIREZ**  
Address: **7105 SW 8TH ST SUITE 303**  
**MIAMI FL 33144**

*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

**8-3-12**  
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

**8-3-12**  
Date