

P/2000069701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

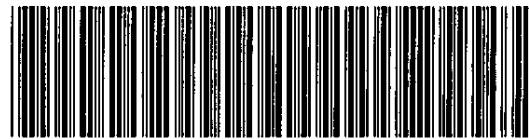
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100238426191

08/13/12--01037--015 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 13 PM 2:28

Ps 8/14/12

COVER LETTER

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

SUBJECT: Avicenna Supplies, 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: **MATTHEW AVERKAMP**

Name (Printed or typed)

2228 SLOANE PL

Address

WELLINGTON, FLORIDA 33414

City, State & Zip

1-561-254-0955

Daytime Telephone number

MATT@AVICENNASUPPLIES.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

Avicenna Supplies, Inc.

The name of the corporation shall be:

12 AUG 13 PM 2: 28

ARTICLE II PRINCIPAL OFFICE

Principal street address

2228 SLOANE PL
WELLINGTON, FLORIDA 33414

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANUFACTURING, IMPORTING AND SALES OF MEDICAL DIAGNOSTIC EQUIPMENT AND SUPPLIES. ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 1000000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NIQUELLE AVERKAMP - DIRECTOR
Address: 2228 SLOANE PL
WELLINGTON, FLORIDA 33414

Name and Title: _____
Address: _____

Name and Title: MATTHEW AVERKAMP - DIRECTOR
Address: 2228 SLOANE PL
WELLINGTON, FLORIDA 33414

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: MATTHEW AVERKAMP
Address: 2228 SLOANE PL
WELLINGTON, FLORIDA 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MATTHEW AVERKAMP
Address: 2228 SLOANE PL
WELLINGTON, FLORIDA 33414

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

08/10/2012

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

08/10/2012

Date