

P12000075525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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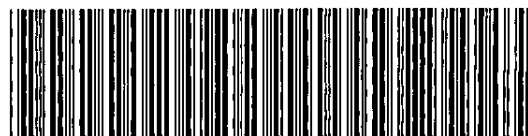
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MP
9/5/12

COVER LETTER

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

SUBJECT: Colcide, 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: Howard Martin

Name (Printed or typed)

2697 N. Ocean Blvd, Apt F703

Address

Boca Raton, FL 33431

City, State & Zip

T) 301-294-6242 C) 301-802-0060

Daytime Telephone number

hmendo@verizon.net

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:

Colcide, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2697 N. Ocean Blvd, Apt F703

Boca Raton, FL 33431

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Development of medical products.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Howard Martin, Officer

Address: 2697 N. Ocean Blvd., Apt F703

Boca Raton, FL 33431

Name and Title: _____

Address: _____

Name and Title: JUDITH B. MARTIN

Address: TREAS/SEC'y

2697 N. OCEAN BLVD, A F703

BOCA RATON, FL 33431

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: Howard Martin

Address: 2697 N. Ocean Blvd., Apt F703

Boca Raton, FL 33431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Howard Martin

Address: 2697 N. Ocean Blvd., Apt F703

Boca Raton, FL 33431

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

Howard Martin

Required Signature/Registered Agent

8/24/12
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.

Howard Martin

Required Signature/Incorporator

8/24/12
Date

FILED
12 SEP - 4 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA