Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000219481 3)))



H120002194813ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 : {800}494-3124 Phone : (561)455-9885 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION

Modican Medical & Safety Trng I Inc

Personal and the property of t	<u> 19</u> 50 (45 4) <u>(45 4 <del>5 4</del> 5 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2</u>
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

T. Bureh SEP 6 2012

Sep 05 12 09:02a

Superbiz.com

15612422818

p.2

H12000219481 3

## 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:

MODICAN MEDICAL & SAFETY TRNG I INC

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5331 SW 116TH PLACE OCALA, FLORIDA 34476 2 SEP -5 PM 4: 05 ECRETARY OF STATE LLANASSEE, OF STATE

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

### ARTICLE IV SHARES

The number of shares of stock is:

1,000 COMMON SHARES NO PAR VALUE

#### ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and/or officers is/are:

DIRECTOR, PRESIDENT JESSE MODICAN 5331 SW 116TH PLACE OCALA, FLORIDA 34476

VICE PRESIDENT, SECRETARY, TREASURER KARYL MODICAN 5331 SW 116TH PLACE OCALA, FLORIDA 34476

H12000219481 3

H12000219481 3

PAGE 2 MODICAN MEDICAL & SAFETY TRNG I INC

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JESSE MODICAN
5331 SW 116TH PLACE
OCALA, FLORIDA 34476

ARTICLE VII INCORPORATOR

The name and street address of the incorporator is;

JESSE MODICAN 5331 SW 116TH PLACE OCALA, FLORIDA 34476 FILED

12 SEP -5 PH 4: 05

SECRETARY OF STATE
TALLARIYSSEE OF STATE

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.

JESSE MODICAN / Registered Agent

JESSE MODICAN /Incorporator

Date

Date