

P120000082127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

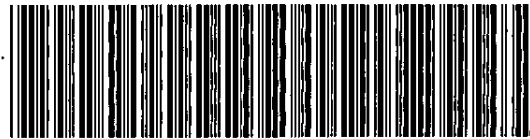
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800240013908

09/26/12--01029--011 **70.00

FILED
12 SEP 26 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: medicalandhospital.com, 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: W. Rodgers Moore, P.A.

Name (Printed or typed)

1900 Glades Rd., Suite 401

Address

Boca Raton, FL 33431

City, State & Zip

561-394-7944

Daytime Telephone number

wrmoorelaw@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

• In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:

12 SEP 26 PM 3: 40

Principal street address
8297 Championsgate Blvd., #309
Championsgate, FL 33896

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The purpose for which the corporation is organized is:

The number of shares of stock is: 10,000 shares \$.001 par value

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name: W. Rodgers Moore, P.A.
Address: 1900 Glades Rd., Suite 401
Boca Raton, FL 33431

Name: W. Rodgers Moore, P.A.
Address: 1900 Glades Rd., Suite 401
Boca Raton, FL 33431

W. Rodgers Moore, P.A.

by [Signature] President
Required Signature/Registered Agent

9/24/2012
Date

W. Rodgers Moore, P.A.

by [Signature] President
Required Signature/Incorporator

9/24/2012
Date