

P/2000084507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

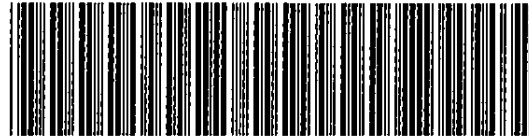
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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10/04/12--01019--009 \*\*87.50

10/05/12  
12 OCT -4 PM 12:22  
TALLAHASSEE, FLORIDA  
STATE

K 10/05/12

## COVER LETTER

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

SUBJECT: **MEDWAYS 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

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: **MEDWAYS SUPPLIES INC**

Name (Printed or typed)

**11501 NW 89ST # 218**

Address

**DORAL FL 33178**

City, State & Zip

**(305) 878-2899**

Daytime Telephone number

**medwayssupplies@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**

**MEDWAYS SUPPLIES INC**

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

11501 NW 89ST

# 218

DORAL FL 33178

Mailing address, if different is:

11501 NW 89ST

# 218

DORAL FL 33178

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **100 SHARES, \$1.00 PER SHARE**

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

Name and Title: GERARDO J CALLES PRESIDENT

Address: 11501 NW 89ST

# 218

DORAL FL 33178

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: GERARDO J CALLES

Address: 11501 NW 89ST #218

DORAL FL 33178

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GERARDO J CALLES

Address: 11501 NW 89ST #218

DORAL FL 33178

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

*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

10/02/2012

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

10/02/2012

Date