

P13000014335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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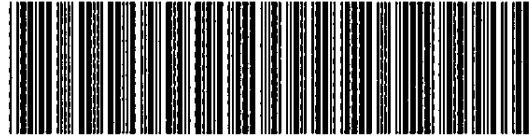
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: Vilmed Critical Care Services, 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: Tanya de la Rosa

Name (Printed or typed)

9111 Park Drive

Address

Miami Shores, FL 33138

City, State & Zip

305-756-6110

Daytime Telephone number

omenaca@aol.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

The name of the corporation shall be: Vilmed Critical Care Services, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9111 Park Drive, Miami Shores, FL 33138

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for the purposes of engaging in any
lawful act or activity for which corporations may be organized under the
laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares, par value of \$1/share. Class of stock
is common.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tanya de la Rosa, President/Director

Name and Title: _____

Address 9111 Park Drive
Miami Shores, FL 33138

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FLORIDA

(cont.)

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

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Tanya de la Rosa
Address: 9111 Park Drive
Miami Shores, FL 33138

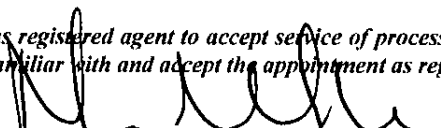
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Tanya de la Rosa
Address: 9111 Park Drive
Miami Shores, FL 33138

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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

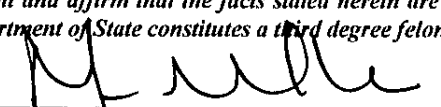


Required Signature/Registered Agent

2/1/2013

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

2/1/2013

Date