

P1300016261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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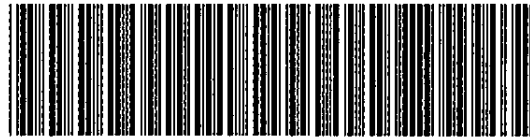
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: Pathogen Management Technologies International, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: William E Oneal
Name (Printed or typed)
2006 Blue Heron Drive
Address
Melbourne, FL 32940
City, State & Zip
561-685-4249 800-549-5356
Daytime Telephone number
oneal@clf.rr.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: Pathogen Management Technologies International, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3135 Skyway Circle

Melbourne, FL 32934

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To produce and sell table top steam sterilizers to medical dental veterinary

ARTICLE IV SHARES

The number of shares of stock is: 10,000

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William E Oneal

Name and Title: _____

Address 2006 Blue Heron Circle
Melbourne, FL 32940

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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: William E Oneal
Address: 3135 Skyway Circle
Melbourne, FL 32934

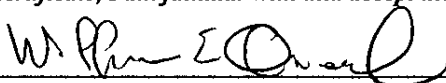
ARTICLE VII INCORPORATOR

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

Name: Payson G Kirchhoff Jr
Address: 12050 Suellen Circle
Wellington, FL 33414

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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 14 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 14 2013

Date