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(Requestor's Name)

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(City/State/Zip/Phone #)

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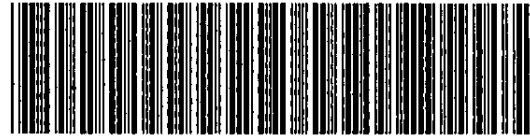
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAY -9 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

END 5/14

COVER LETTER

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

SUBJECT: MEDICAL RECOVERY Systems 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: Gilbert HERNANDEZ
Name (Printed or typed)
6801 Lake Worth Road #339
Address
Greensboro, FL 33467
City, State & Zip
561-357-8171
Daytime Telephone number
Hmny@verizon.net
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: MEDICAL RECOVERY Systems Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6801 Lake Worth Road #339
Greenacres, Fl. 33467

S/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Collections &
Medical Billing

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PALM BEACH, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gilbert Hernandez - President Name and Title: _____

Address: 6801 Lake Worth Road Address: _____
Suite #339
Greenacres, Fl 33467

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: Gilbert Hernandez
Address: 6801 Lake Worth Road #339
Greenscres, Fl. 33467

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gilbert Hernandez
Address: 6801 Lake Worth Road #339
Greenscres, Fl. 33467

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

[Signature]
Required Signature/Registered Agent

5/6/13
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.

[Signature]
Required Signature/Incorporator

5/6/13
Date