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COVER LETTER

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

SUBJECT: MEI HEALTHCARE CAPITAL, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$78.75 for the Filing Fee and Certificate of Status.

FROM:

Joseph F. Page

101 West Big Beaver, Suite 1000

Troy, Michigan 48084

248-457-7155

Daytime Telephone number

rmclaughlin@mei.com

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

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

Regina Scuderi

From:

corphelp <corphelp@DOS.MyFlorida.com>

Sent:

Wednesday, August 28, 2013 3:34 PM

To:

Regina Scuderi

Subject:

RE: Filing of Articles of Incorporation

Thank you for your email.

Copied below is the letter that was sent about this. For help with any questions, please call the number shown in the letter below.

Thank you.

Lee Rivers, Internet Support Section Florida Division of Corporations

August 23, 2013

,

JOSEPH F. PAGE 101 W BIG BEAVER SUITE 1000 TROY, MI 48084

SUBJECT: MEI HEALTHCARE CAPITAL, INC.

Ref. Number: W13000046936

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MEI HEALTHCARE CAPITAL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason

Regulatory Specialist II

Letter Number: 613A00020138

www.sunbiz.org
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314





The Department of State is leading the commemoration of Florida's 500th anniversary in 2013. For more information, please go to http://www.vivaflorida.org.

The Department of State is committed to excellence. Please take our <u>Customer Satisfaction Survey</u>.

From: Regina Scuderi [mailto:rscuderi@gmhlaw.com]

Sent: Wednesday, August 28, 2013 3:19 PM

To: corphelp

Subject: Filing of Articles of Incorporation

Articles were mailed from our offices in Troy, MI on 8/16/13 for filing with the Florida Department of State. As of yet, we have no indication that they have been filed. Would you please let me know how long this filing will take. I am attached a copy of the package that was sent to you.

Thank you.

Regina Scuderi Legal Assistant

Giarmarco, Mullins & Horton, P.C. Tenth Floor Columbia Center 101 West Big Beaver Road Troy, Michigan 48084-5280 Phone: (248) 457-7156

Fax: (248) 457-7001

Email: rscuderi@gmhlaw.com

www.gmhlaw.com

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ARTICLES OF INCORPORATION

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

ARTICLE I	NAME	, , ,
	corporation shall be: MEI HEALTHCARE CAPI	TAL SERVICES, INC.
ARTICLE II	PRINCIPAL OFFICE	
	Principal street address:	
	11772 West Sample Road, Suite 101 Coral Springs, Florida 33065	Mailing address, if different is:
ARTICLE III	<u>PURPOSE</u>	
The purpose for the laws of the S	which the corporation is organized is: To engage in any actate of Florida	tivity for which corporations may be formed under .
ARTICLE IV	SHARES	
The number of sl	hares of stock is: 500,000 shares of common voting	stock, and
	500,000 shares of preferred, non-v	oting stock.
ARTICLE V	REGISTERED AGENT	
The name and Fl	lorida street address (P.O. Box NOT acceptable) of the registe	red agent is:
Name: Address:	Gordon Baltzer 11772 West Sample Road, Suite 101 Coral Springs, Florida 33065	01V 18 12 13 86 13 86 13 86 13 13 86 13 13 13 13 13 13 13 13 13 13 13 13 13
ARTICLE VI	INCORPORATOR	
The name and ac	ddress of the Incorporator is:	
Name: Address:	Joseph F. Page 101 West Big Beaver, Suite 1000 Troy, Michigan 48084	STANGE ORAPPONS 9: 09
	med as registered agent to accept service of process for the am familiar with and accept the appointment as registered a	above stated corporation at the place designated in
1		81-25-3
$-\infty$	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are true. I Department of State constitutes a third degree felony as pro-	