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DIVISION OF CORPORATIONS
13 SEP 27 PM 4: 55

9/30/13

COVER LETTER

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

SUBJECT: Ceba Medical Incorporated

(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: Ceba Medical Inc.

Name (Printed or typed)

640 Classic Court, Suite 106

Address

Melbourne, FL 32940

City, State & Zip

(302) 747-0625

Daytime Telephone number

sstigall22@yahoo.com

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

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

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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: Ceba Medical Incorporated

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ARTICLE II PRINCIPAL OFFICE

Principal street address

640 Classic Court, Suite 106

Melbourne, FL 32940

13 SEP 27 PM 4: 55
Mailing address, if different is:

PO Box 560953

Rockledge FL 32956

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sherry Stigall, President

Name and Title: _____

Address: PO Box 560953

Address: _____

Rockledge FL 32956

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: Sherry Stigall
Address: 640 Classic Court, Suite 106
Melbourne, FL 32940

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sherry Stigall
Address: 640 Classic Court, Suite 106
Melbourne, FL 32940

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

Sherry Stigall 9/24/13
Required Signature/Registered Agent 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.

Sherry Stigall 9/24/13
Required Signature/Incorporator Date

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