

P13000083480

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FILED
13 OCT -9 PM 12:52
CLERK OF STATE
TALLAHASSEE, FLORIDA

W13-54196

K 10/10/13

EFFECTIVE DATE 10/07/13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2013

RON STEELE
700 GLADES COURT
PORT ORANGE, FL 32127

SUBJECT: MEDIC AIR INC.
Ref. Number: W13000054196

RECEIVED
13 OCT -9 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHANGED NAME TO
MEDIC AIR MECHANICAL INC
SEE ATTACHED CHANGE
IN NAME

We have received your document for MEDIC AIR INC. and your check(s) totaling \$87.50. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is 112000096404 (MEDICAIR, LLC).

Please be aware that the "Effective Date" will be impacted by the new RECEIPT Date of the returned corrections.

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

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

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 613A00022916

RECEIVED
OCT 07 2013
BY: _____

COVER LETTER

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

SUBJECT: MEDIC AIR 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: Ron Steele
Name (Printed or typed)

700 GLADES COURT
Address

PORT ORANGE FL 32127
City, State & Zip

386-760-2356
Daytime Telephone number

RON@MEDICAIRSYSTEMS.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: MEDIC AIR MECHANICAL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

700 GLADES COURT

SAME AS PRINCIPAL OFFICE

PORT ORANGE, FL 32127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MECHANICAL AND PLUMBING CONTRACTOR

PROVIDING NEW CONSTRUCTION, RENOVATION SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KEVIN TAYLOR CEO

Name and Title: _____

Address 6441 SPRUCE CREEK ROAD

Address: _____

PORT ORANGE, FL 32127

Name and Title: JULYNNE TAYLOR Secretary

Name and Title: _____

Address 6441 SPRUCE CREEK ROAD

Address: _____

PORT ORANGE, FL 32127

Name and Title: THOMAS MADDEN VIL-PRES

Name and Title: _____

Address 6416 RIDGEBERRY DRIVE

Address: _____

ORLANDO, FL 32819

EFFECTIVE DATE 10/07/13

FILED
18 OCT -9 PM 12:52
CLERK OF STATE
TALLAHASSEE, FLORIDA

(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: KEVIN TAYLOR
Address: 700 GLADES COURT
PORT ORANGE, FL 32127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RON STEELE
Address: 911 LAFAYETTE STREET
PORT ORANGE, FL 32127

EFFECTIVE DATE
10/7/2013

FILED
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TALLAHASSEE, FLORIDA

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

9/25/2013
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

9/25/2013
Date

EFFECTIVE DATE 10/07/13