

P13000087279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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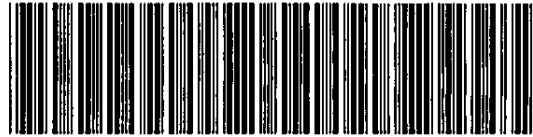
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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10/24/13

COVER LETTER

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

SUBJECT: P.M.D. Medical Services, 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: Shevon Spence

Name (Printed or typed)

17917 SW 36th Street

Address

Miramar, FL 33029

City, State & Zip

954-918-7624

Daytime Telephone number

pmdstaffing@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)

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DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: P.M.D. Medical Services, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

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Mailing address, if different is:

17917 SW 36th Street

Miramar, FL 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide staffing for Medical Profession

ARTICLE IV SHARES

The number of shares of stock is: One Hundred

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shevon Spence President

Name and Title: _____

Address 17917 SW 36th Street

Address: _____

Miramar, FL 33029

Name and Title: Bryan Spence Sr. VP

Name and Title: _____

Address 17917 SW 36th Street

Address: _____

Miramar, FL. 33029

Name and Title: Bryan Spence Jr. CFO

Name and Title: _____

Address 17917 SW 36th Street

Address: _____

Miramar, FL 33029

(conti.)

Name and Title: Christina Spence CEO

Name and Title: _____

Address 17917 SW 36th Street
Miramar, FL. 33029

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Shevon Spence

Address: 17917 SW 36th Street

Miramar, FL 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shevon Spence

Address: 17917 SW 36th Street

Miramar, FL 33029

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

Shevon Spence

Required Signature/Registered Agent

10/04/2013

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.

Shevon Spence

Required Signature/Incorporator

10/04/2013

Date

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