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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC - 3 PM 12:59

COVER LETTER

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

SUBJECT: Alpha Medical Corporation
(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: Lynn B Aust, Esq
Name (Printed or typed)

Lynn B. Aust, P.L.
Attorney & Counselor at Law
1220 E. Livingston Street
Orlando, Florida 32803

City, State & Zip

(407) 447-5388

Daytime Telephone number

daveattorney@austlaw.biz
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: Alpha Medical Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

172 S. SEMORAN BLVD.
ORLANDO FL 32807

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARK ELLO, P/S/T Name and Title: /

Address: 172 S. SEMORAN BLVD Address: /
ORLANDO FL 32807

Name and Title: / Name and Title: /

Address: / Address: /

Name and Title: / Name and Title: /

Address: / Address: /

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(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:

LYND B. AUST, ESQUIRE

Address:

1220 E. LIVINGSTON ST
ORLANDO FL 32803

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

MARK ELLO

Address:

172 S. SEMORAN BLVD.
ORLANDO FL 32807

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

12/6/13

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.

 ON BEHALF OF Mark Ello

Required Signature/Incorporator

12/6/13

Date

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