

PI300099103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

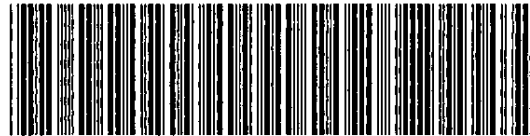
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/17/13--01016--008 \*\*87.50

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 DEC 11 PM 2:24



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
13 DEC 11 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 14, 2013

SAMVEL SARIBEKIAN  
21044 SHERMAN WAY STE 218  
CANOGA PARK, CA 91303

SUBJECT: UNIVERSAL MEDICAL RENTALS AND EQUIPMENT SALES, INC.  
Ref. Number: W13000063151

We have received your document for UNIVERSAL MEDICAL RENTALS AND EQUIPMENT SALES, 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 title designations of "MGR" and "Managing Member" is used for a limited liability company not a corporation. Please correct accordingly.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return 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.

Pamela Smith  
Regulatory Specialist II

Letter Number: 213A00026445



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2013

SAMVEL SARIBEKIAN  
21044 SHERMAN WAY STE 218  
CANOVA, CA 91303

SUBJECT: UNIVERSAL MEDICAL EQUIPMENT, INC.  
Ref. Number: W13000052394

We have received your document for UNIVERSAL MEDICAL EQUIPMENT, 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 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.

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

Pamela Smith  
Regulatory Specialist II

Letter Number: 313A00022181

## COVER LETTER

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

**SUBJECT:** Universal Medical Equipment, 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:** Samvel Saribekian

Name (Printed or typed)

21044 Sherman Way Ste 218

Address

Canoga Park, CA 91303

City, State & Zip

(818) 517 - 8743

Daytime Telephone number

Compcaremanagement@gmail.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: Universal Medical Rentals and Equipment Sales, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

802 S. W. 20th St. Unit 2

Ocala, FL 34471

Mailing address, if different is:

21044 Sherman Way Ste 218

Canoga Park, CA 91303

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To conduct business.

**ARTICLE IV SHARES** 1500

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Samvel Saribekian

Name and Title: \_\_\_\_\_

Address 802 S. W. 20th St Unit 2

Address: \_\_\_\_\_

Ocala, FL 34471

CEO

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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DIVISION OF CORPORATIONS  
13 DEC 11 PM 2:24

(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: Samvel Saribekian

Address: 802 S. W. 20th St. Unit 2

Ocala, FL 34471

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Samvel Saribekian

Address: 802 S. W. 20th St. Unit 2

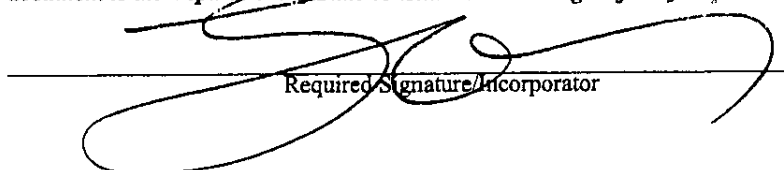
Ocala, FL 34471

*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

9-9-13  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

9-9-13  
\_\_\_\_\_  
Date