

P1410000011249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

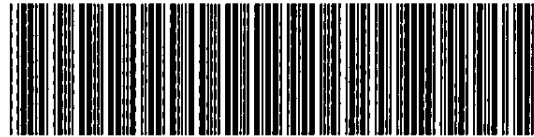
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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: **Stone Medical 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: **Deirdre Serrani**

Name (Printed or typed)

414 S. Winsome Ct.

Address

Lake Mary, FL 32746

City, State & Zip

(407) 920-7434

Daytime Telephone number

deirdremeghan@aol.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: Stone Medical Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

414 S. Winsome Ct.

Lake Mary, FL 32746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The sale of medical supplies, device, compounding creams, equipment, etc...

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Deirdre Serrani, President

Name and Title: _____

Address 414 S. Winsome Ct.

Address: _____

Lake Mary, FL 32746

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: Deirdre Serrani

Address: 414 S. Winsome Ct.

Lake Mary, FL 32746

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Deirdre Serrani

Address: 414 S. Winsome Ct.

Lake Mary, FL 32746

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

Deirdre Serrani
Required Signature/Registered Agent

01/28/2014

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.

Deirdre Serrani
Required Signature/Incorporator

01/28/2014

Date