

PA000024478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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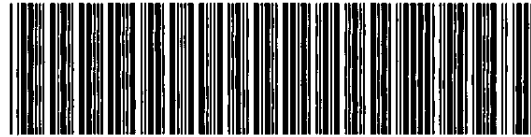
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/03/14--01037--023 **78.75

FILED
14 MAR 13 AM 11:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W14-8521

COVER LETTER

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

SUBJECT: ALATHEA 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: GAIETANO J. SCUDERI
Name (Printed or typed)

151 Fishermans Way
Address

JUPITER, FL 33458
City, State & Zip

561-214-1736
Daytime Telephone number

alatheamed@aol.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2014

GAETANO J. SCUDERI
151 FISHERMANS WAY
JUPITER, FL 33458

SUBJECT: ALATHEA MEDICAL, INC.
Ref. Number: W14000008521

RECEIVED
14 MAR 13 PM 12:01
STATE
TALLAHASSEE, FLORIDA

We have received your document for ALATHEA MEDICAL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 714A00002925

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: ALATHEA MEDICAL, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

151 Fishermans Way
Jupiter, FL 33458

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GAETANO J. SCUDERI Name and Title: _____

Address 151 Fishermans Way Address: _____
Jupiter, FL 33458

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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14 MAR 13 AM 11:51
SECRETARY 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:

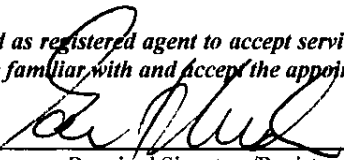
Name: GAETANO J. SCUDERI
Address: 151 Fishermans Way
Jupiter, FL 33458

ARTICLE VII INCORPORATOR

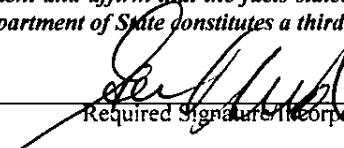
The name and address of the Incorporator is:

Name: GAETANO J. SCUDERI
Address: 151 Fishermans Way
Jupiter, FL 33458

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

 1/28/14
Required Signature/Registered Agent 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.

 1/28/14
Required Signature/Incorporator Date

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14 MAR 28 11:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA