

From:

05/12/14

15:13

092 P.O.

03

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
DISPERSION MEDICAL CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED

14 MAY 12 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: **DISPERSION MEDICAL CORP.**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

**12006 ROYCE WATERFORD CIRCLE
TAMPA, FL 33626**

Mailing address, if different is:

**12006 ROYCE WATERFORD CIRCLE
TAMPA, FL 33626**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **to engage in any lawful act or activity for which corporations may be organized.**

ARTICLE IV SHARES 1,000
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **LORENZO MASTRANDREA/DIRECTOR**

Address: **12006 ROYCE WATERFORD CIRCLE
TAMPA, FL 33626**

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

From:

05/12/2014 15:17

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(cont.)

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: LORENZO MASTRANDREA
Address: 12006 ROYCE WATERFORD CIRCLE
TAMPA, FL 33626

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LORENZO MASTRANDREA
Address: 12006 ROYCE WATERFORD CIRCLE
TAMPA, FL 33626

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

Lorenzo Mastrandrea
Required Signature/Registered Agent

5-12-14
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.817.153, F.S.

Lorenzo Mastrandrea
Required Signature/Incorporator

5-12-14
Date

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