

P14 000055538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

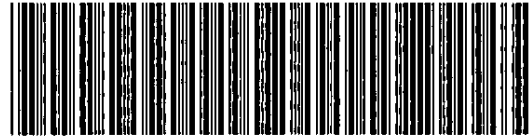
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/16/14--01023--025 *78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 25 PM 3:51

~~2014000055538~~
4cc
6/25/14

COVER LETTER

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

REF #
W 140000 38284

SUBJECT: Global Medical Supplies, 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: Steve Hamilton
Name (Printed or typed)

PO Box 881982
Address

Port St Lucie FL 34988
City, State & Zip

7724187045
Daytime Telephone number

steveh@gmphs.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

June 19, 2014

STEVE HAMILTON
P.O. BOX 881982
PORT ST LUCIE, FL 34988

SUBJECT: GLOBAL MEDICAL SUPPLIES
Ref. Number: W14000038284

We have received your document for GLOBAL MEDICAL SUPPLIES 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 414A00013302

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: Global Medical Supplies, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

535 NW Mercantile Place
Port St Lucie, Fl 34986

Mailing address, if different is:

PO Box 881982
Port St Lucie, Fl 34988

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: wholesale distribution of medical supplies

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14 JUN 25 PM 3:51

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Steve Hamilton Name and Title: _____

Address PO Box 2733 Address: _____
Jupiter, Fl 33468

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Steve Hamilton

Address: 535 NW Mercantile Place
Port St Lucie, Fl 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Steve Hamilton

Address: 535 NW Mercantile Place
Port St Lucie, Fl 34986

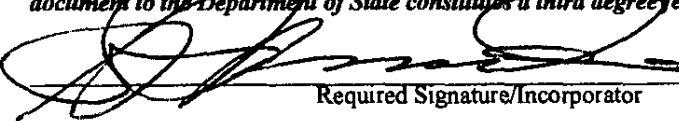
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 _____

Required Signature/Registered Agent

06/10/2014
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.

 _____

Required Signature/Incorporator

06/10/2014
Date