

P14000056918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

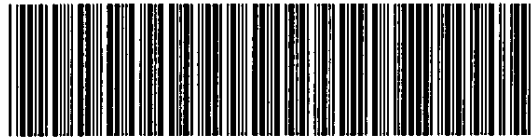
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 30 PM 1:52

4005 7/20/14

COVER LETTER

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

SUBJECT: Signal Physiology, 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: Beth S. Molter

Name (Printed or typed)

651 SE Hidden River Drive

Address

Port St. Lucie, FL 34983

City, State & Zip

941-586-3391

Daytime Telephone number

bmolter@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: Signal Physiology, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
651 SE Hidden River Drive
Port St. Lucie, FL 34983

Mailing address, if different is:
7548 South US Highway 1
Unit 255
Port St. Lucie, FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Research and Consulting, Medical Sciences

ARTICLE IV SHARES

The number of shares of stock is 5000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Beth S. Molter, President
Address: 651 SE Hidden River Drive
Port St. Lucie, FL 34983

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

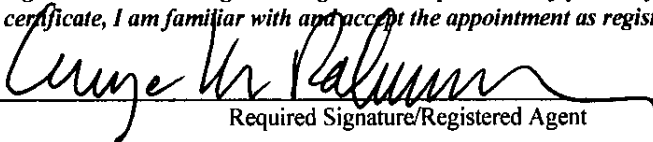
Name: George M. Robinson
Address: 651 SE Hidden River Drive
Port St. Lucie, FL 34983

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

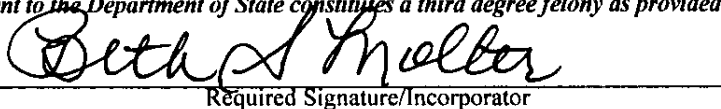
Name: Beth S. Molter
Address: 651 SE Hidden River Drive
Port St. Lucie, FL 34983

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

June 26, 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

June 26, 2014
Date

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