

PK0000067921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

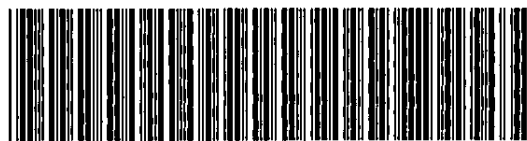
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/11/14--01026--009 **78.75

FILED
14 AUG 11 PM 1:50
CLERK OF STATE
TALLAHASSEE, FLORIDA

MD 8/14

Frederick T. Reeves, P.A.
Attorneys and Counselors at Law
5709 Tidalwave Drive
New Port Richey, Florida 34652

Telephone (727) 844-3006
Facsimile (727) 844-3114

August 8, 2014

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

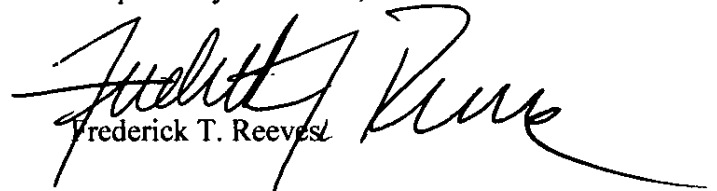
Re: Medical Gap Solutions, Inc.

Dear Sir or Madam:

Enclosed please find the original Cover Letter and Articles of Incorporation for the above-referenced corporation. Also enclosed is check no. 5954 in the amount of \$78.75 representing your Filing Fee and Certificate of Status.

If we may be of further service, please let us know.

Respectfully submitted,


Frederick T. Reeves

FTR/mbc
Enclosure

COVER LETTER

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

SUBJECT: **Medical Gap Solutions, 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: **Frederick T. Reeves**

Name (Printed or typed)

5709 Tidalwave Drive

Address

New Port Richey, FL 34652

City, State & Zip

727-844-3006

Daytime Telephone number

freeves@tbaylaw.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: Medical Gap Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2202 Duck Slough Boulevard

Trinity, Florida 34655

Mailing address, if different is _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: the transaction of any or all lawful business for which
corporations may be incorporated under Chapter 607, Florida Statutes.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Macko, President

Address 2202 Duck Slough Boulevard
Trinity, FL 34655

Name and Title: Craig Swenson, Secretary & Treasurer

Address: 2202 Duck Slough Boulevard
Trinity, FL 34655

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

(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: Craig Swenson
Address: 2202 Duck Slough Boulevard
Trinity, Florida 34655

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Craig Swenson
Address: 2202 Duck Slough Boulevard
Trinity, Florida 34655

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Craig Swenson
Required Signature/Registered Agent

8/8/14
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.817.155, F.S.

Craig Swenson
Required Signature/Incorporator

8/8/14
Date