

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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((H14000198661 3)))



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To:

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

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

2014 AUG 22 PM 12:01

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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

BROWARD MEDICAL SUPPLY, INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

79648

Please file
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Corporate Filing Menu

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August 25, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

E-FILE

SUBJECT: BROWARD MEDICAL SUPPLY, INC
REF: W14000052032

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Sylvia Gilbert
Regulatory Specialist II
New Filing Section

FAX Aud. #: H14000198661
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RECEIVED
14 AUG 26 PM 3:03
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

H14000198661

COVER LETTER

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

SUBJECT: **BROWARD MEDICAL SUPPLY, 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: **MICHAEL RAPP**

Name (Printed or typed)

3344 WATER OAK

Address

HOLLYWOOD, FL 33021

City, State & Zip

786-312-0353

Daytime Telephone number

MRAPP32@YAHOO.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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

BROWARD MEDICAL SUPPLY, INC.

2014 AUG 22 PM 12:01

ARTICLE II PRINCIPAL OFFICE

Principal street address

3344 WATER OAK DRIVE

HOLLYWOOD, FL 33021

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different from:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DISTRIBUTE & SELL MEDICAL SUPPLIES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ANDREA CHAUVERON (PRESIDENT)**

Address: **12560 ATLANTIC BLVD APT 515**

SUNNY ISLES BEACH, FL 33160

Name and Title:

Address:

Name and Title: **LINDA SWERDLOFF (VICE-PRESIDENT/SEC/TREAS.)**

Address: **1040 NW 29TH RD**

PEMBROKE PINES, FL 33024

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

(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: MICHAEL RAPP
Address: 3344 WATER OAK DRIVE
HOLLYWOOD, FL 33021

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL RAPP
Address: 3344 WATER OAK DRIVE
HOLLYWOOD, FL 33021

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

Michael Rapp
Required Signature/Registered Agent

AUGUST 22, 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.

Michael Rapp
Required Signature/Incorporator

AUGUST 22, 2014
Date

H14000921