

P14000074106

(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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09/02/14--01015--023 **78.75

SEP 14 2014
DIVISION OF REVENUE
14 SEP -2 PM 4:32

COVER LETTER

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

SUBJECT: **Medical Procurement Services Corporation**
(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: **Brian Dunn**

Name (Printed or typed)

6945 Carlisle Court

Address

Naples, FL 34109

City, State & Zip

239-404-8644

Daytime Telephone number

bdunnmps@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:

Medical Procurement Services Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6945 Carlisle Court

P.O. Box 112474

Naples, FL 34109

Naples, FL 34108

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to conduct any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Brian Dunn**

Name and Title: _____

Address **6945 Carlisle Court**

Address: _____

Naples, FL 30109

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
DIVISION OF CORPORATE FILINGS
14 SEP -2 PM 4:32

(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: Brian Dunn

Address: 6945 Carlisle Court

Naples, FL 34109

SEP 2 2014
DIVISION OF CORPORATIONS
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ARTICLE VII INCORPORATOR

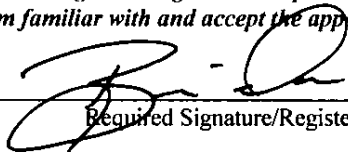
The name and address of the Incorporator is:

Name: Brian Dunn

Address: 6945 Carlisle Court

Naples, FL 34109

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

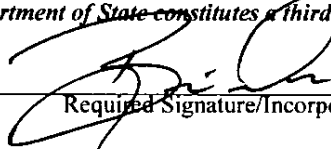


Required Signature/Registered Agent

8-29-14

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.



Required Signature/Incorporator

8-29-14

Date