

P14000076890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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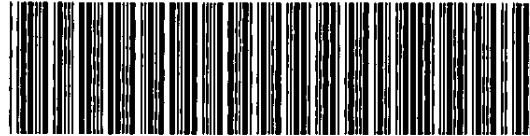
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/02/14--01012--024 **78.75

FILED

14 SEP 15 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W14-53794

09/17/14



RECEIVED

14 SEP 15 PM 2:07

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

September 3, 2014

ANDREW CLARK
1701 1ST ST.
NEPTUNE BEACH, FL 32266

SUBJECT: MED ALLIANCE INC.
Ref. Number: W14000053794

We have received your document for MED ALLIANCE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 314A00018821

COVER LETTER

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

Med Alliance Inc.

SUBJECT: Med Alliance [REDACTED] 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Andrew Clark

Name (Printed or typed)

1701 1st st

Address

Neptune Beach, FL 32266

City, State & Zip

904.252.0959

Daytime Telephone number

Drew.Clark13@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)

ARTICLE I NAME

The name of the corporation shall be:

Med Alliance ^{Inc.} ~~Group~~

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

1701 1st st neptune beach, fl 32266

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical waste transportation

ARTICLE IV SHARES

The number of shares of stock is:

2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andrew Clark, President

Name and Title:

Address

1701 1st st.

Address:

Neptune Beach, FL 32266

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

(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: Andrew Clark

Address: 1701 1st St.

Neptune Beach, Fl 32266

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

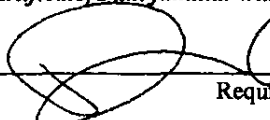
Name: Andrew Clark

Address: 1701 1st St.

Neptune Beach, Fl 32266

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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

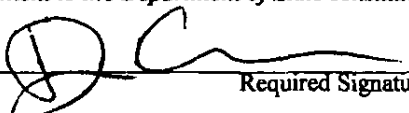


Required Signature/Registered Agent

8/21/14

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

8/31/14

Date