

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

****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
PIERCE MEDICAL MARKETING INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

RECEIVED
14 OCT -9 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 10/10

2014-10-07 16:05

Brito & Brito

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:

Pierce Medical Marketing Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8535 Blind Pass Drive #202

Treasure Island, FL 33706

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales and Marketing

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard Pierce President

Name and Title: _____

Address 8535 Blind Pass Drive #202

Address: _____

Treasure Island, FL 33706

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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14 OCT -9 AM 10:04
CLERK OF DISTRICT COURT
JANUARY 14, 2015

2014-10-07 16:06

Brito & Brito

(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: George Brito
Address: 407 Lincoln Road Ste 9A
Miami Beach, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Richard Pierce
Address: 8535 Blind Pass Drive #202
Treasure Island, FL 33706

Having been named as registered agent and 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

10/07/2014

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

10/07/2014

Date

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TALLAHASSEE, FLORIDA