

P/S0000038809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

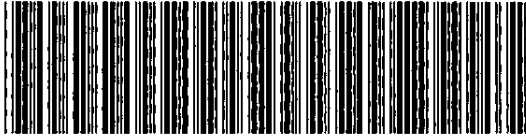
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

APR 30 2015
SCOTT



900272178779

04/27/15--01020--014 **78.75

15 APR 27 11:11 AM
RECEIVED
STATE OF ARIZONA
SECRETARY OF STATE

COVER LETTER

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

SUBJECT: STANLEY MEDICAL DESIGNS, INCORPORATED

(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: ANTHONY G. STANLEY

Name (Printed or typed)

7900 HARBOR ISLAND DRIVE SUITE #1514

Address

NORTH BAY VILLAGE, FLORIDA 33141

City, State & Zip

3054397274

Daytime Telephone number

TUFF57@MSN.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: STANLEY MEDICAL DESIGNS, INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal street address
STANLEY MEDICAL DESIGNS, INCORPORATED
7900 HARBOR ISLAND DRIVE SUITE 1514
NORTH BAY VILLAGE, FL 33141

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Designing and selling surgical / nonsurgical instruments for medical,
dental and veterinary use. Consulting services in the field of medical care.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTHONY G. STANLEY, (PRESIDENT)
Address: 7900 HARBOR ISLAND DRIVE
SUITE #1514
NORTH BAY VILLAGE, FL 33141

Name and Title: GEORGE M. STANLEY, (SECRETARY)
Address: _____

Name and Title: DONALD L. HUZZIE, SR (VICE PRESIDENT)
Address: 4303 NW 202 STREET
MIAMI GARDENS, FL 33055

Name and Title: _____
Address: _____

Name and Title: JACQUELINE STANLEY (VICE PRESIDENT)
Address: 4930 NW 15TH AVE
MIAMI, FL 33142

Name and Title: _____
Address: _____

15 APR 27 AM 11:00

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: ANTHONY G. STANLEY
Address: 7900 HARBOR ISLAND DRIVE , SUITE 1514
NORTH BAY VILLAGE, FL 33141

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ANTHONY G. STANLEY
Address: 7900 HARBOR ISLAND DRIVE , SUITE 1
NORTH BAY VILLAGE, FL 33141

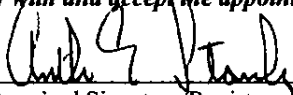
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: APRIL 24, 2015 . (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

4/24/2015

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

4/24/2015

Date