

P15 000040097

(Requestor's Name)

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(City/State/Zip/Phone #)

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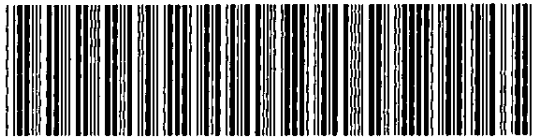
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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15 APR 29 PM 1:19

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5-5-15

COVER LETTER

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

SUBJECT: Core Medical Device Distributors Corp

(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: Jerrold E. Slutzky, Slutzky Law Firm

Name (Printed or typed)

20719 Sterlington Drive, Suite 103

Address

Land O Lakes, FL 34638

City, State & Zip

813-909-1515

Daytime Telephone number

Steinberg.db@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: Core Medical Device Distributors Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address
18512 Country Crest Place
Tampa, FL 33647

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The sale and distribution of medical devices, products, and supplies
and all legal activities incident thereto.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Steinberg, President, Treasurer

Name and Title: _____

Address 18512 Country Crest Place
Tampa, FL 33647

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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: David Steinberg
Address: 18512 Country Crest Place
Tampa, FL 33647

ARTICLE VII INCORPORATOR

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

Name: David Steinberg
Address: 18512 Country Crest Place
Tampa, FL 33647

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: May 1, 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

David Steinberg
Required Signature/Registered Agent

4/27/15
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.

David Steinberg
Required Signature/Incorporator

4/27/15
Date