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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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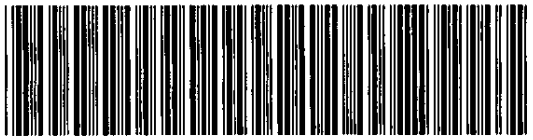

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FILED
15 JUL 17 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.

JUL 23 2015
R. WHITE

TRANSMITTAL LETTER

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

SUBJECT: TROYER MEDICAL GROUP INC
(Proposed corporate name - must include suffix)

Enclosed is 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: WEBER & ASSOC. ACCOUNTING & TAX
Name (Printed or typed)
RICHARD G. WEBER

738-10TH STREET WEST
Address

PALMETTO, FL 34221
City, State & Zip

941-729-3343
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

FILED

ARTICLES OF INCORPORATION

05 JUL 17 AM 8:54

OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TROYER MEDICAL GROUP INC.

The undersigned subscriber to these Articles of Incorporation, a natural person Competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I

NAME OF CORPORATION

The name of the corporation shall be:

TROYER MEDICAL GROUP INC.

ARTICLE II

This corporation may engage in or transact any of all lawful activities of business permitted under the laws of the United States, the State of Florida, of any other state, country, territory or nation.

ARTICLE III

CAPITAL STOCK

The maximum number of shares that this corporation is authorized to have outstanding at any one time is one thousand (1000) shares having a par value of one Dollar ($1.00) per share. The minimum capital with which this corporation shall begin business is one hundred (100) shares.

ARTICLE IV

TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V

REGISTERED OFFICE AND AGENT

The street address of the initial principal office of this corporation is 902 Deer Hommock Rd., Saraasota. Fl. 34240 and the name of the initial registered agent of this corporation at that address is Joetta Troyer.

ARTICLE VI

INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws adopted by the shareholders.

Name	Address
Joetta Troyer	**902 Deer Hommock Rd** Sarasota, Fl. 34240

ARTICLE VII

SUBSCRIBERS

The name and post office address of the subscriber to these Articles of Incorporations are:

Name	Address
Joetta Troyer	**902 Deer Hommock Rd** **Sarasota, Fl. 34240**

ARTICLE VIII

BY-LAWS

The Board of Directors is authorized to adopt By-Laws, including provisions governing the issuance of stock certificates to replace lost or destroyed stock certificates and provisions prohibiting the transfer of the stock of the corporation and of the preemptive rights to such stock, provided such By-Laws are not contrary to the laws of the State of Florida.

ARTICLE IX

AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors proposed by them to the stockholders and approved at a stockholders' meeting by a majority, or such greater number as may be specified in the By-Laws, of the shares of stock entitled to vote thereon unless all the directors and the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersigned has made, subscribed and Acknowledged these Articles of Incorporation, this 1 day of July, 2015.

Joetta Troyer

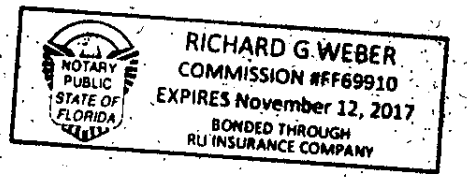
STATE OF FLORIDA

COUNTY OF MANATEE

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Joetta Troyer known to me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged under oath before me that he executed the same for the purposed therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal in the State and County aforesaid this 1 day of July, 2015.

NOTARY PUBLIC
My commission expires:



CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the law of the state of Florida, submits the following statement in designating the registered agent, in the state of Florida.

1. The name of the corporation is: **TROYER MEDICAL GROUP INC.**

2. The Name and address of the registered agent and office is:

Joetta Troyer
(NAME)

902 Deer Hommock Rd
(P.O. BOX NOT ACCEPTABLE) ADDRESS

Sarasota, Florida 34240
(CITY / STATE / ZIP)

SIGNATURE _____

TITLE President

DATE 7/1/15

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENNT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION A REGISTERED AGENT.

SIGNATURE _____

DATE 7/9/15