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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 AUG 25 PM 4:06

W15-055227

08/26/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2015

SCOTT T. SEEMAN
529 N.W. 47 WAY
COCONUT CREEK, FL 33063

SUBJECT: MEDSOURCECORP, INC
Ref. Number: W15000055227

We have received your document for MEDSOURCECORP, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L01000013384 (MEDSOURCE, L.L.C.).

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: 715A00017367

COVER LETTER

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

SUBJECT: MedSourcecorp, 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
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: Scott T. Seeman
Name (Printed or typed)

529 NW 47 Way
Address

Coconut Creek, FL 33063
City, State & Zip

(954) 240-4170
Daytime Telephone number

Scott.MedSourcecorp@comcast.net
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 Source Medical Staffing Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

529 NW 47th Way Coconut Creek, FL 33063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For profit, Medical
recruitment company

ARTICLE IV SHARES

The number of shares of stock is: 100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa C Seeman Name and Title: President
Address: 529 NW 47th Address: _____
Way Coconut Creek, FL 33063

Name and Title: Scott T. Seeman Name and Title: VP
Address: 529 NW 47th Way Address: _____
Coconut Creek, FL 33063

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Scott T. Seeman

Address:

529 NW 47 Way
COCONUT CREEK, FL 33063

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ARTICLE VII INCORPORATOR

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

Name: Scott T. Seeman

Address:

529 NW 47 Way
COCONUT CREEK, FL 33063

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (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

Scott T. Seeman

Required Signature/Registered Agent

8/10/15

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.

Scott T. Seeman

Required Signature/Incorporator

8/10/15

Date