

P16000014434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

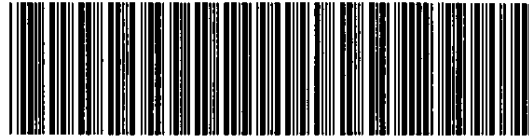
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
16 FEB 1 PM 12:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Cumigan FEB 15 2016

COVER LETTER

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

SUBJECT: LEWERS SURGICAL 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: WILLIAM M. LEWERS

Name (Printed or typed)

860 EAGLE POINT DRIVE

Address

ST. AUGUSTINE, FL 32092

City, State & Zip

353-362-8955

Daytime Telephone number

wmlewers@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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

LEWERS ~~SUGICAL~~ INC

SURGICAL

16 FEB 1 PM 12:47

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
MAILING ADDRESS, CORPORATION
TALLAHASSEE, FLORIDA

860 EAGLE POINT DRIVE

ST. AUGUSTINE, FL 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT SALE OF MEDICAL SUPPLIES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILLIAM M. LEWERS

Name and Title:

Address

860 EAGLE POINT DRIVE

Address:

ST. AUGUSTINE, FL 32092

Name and Title:

Name and Title:

Address

Address:

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: WILLIAM M. LEWERS

Address: 860 EAGLE POINT DRIVE

ST. AUGUSTINE, FL 32092

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16 FEB 17 PM 12:47
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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: WILLIAM M. LEWERS

Address: 860 EAGLE POINT DRIVE

ST. AUGUSTINE, FL 32095

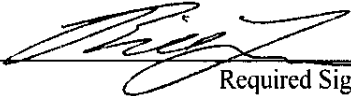
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2016. (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

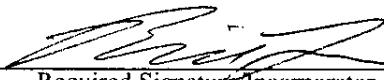


Required Signature/Registered Agent

1-27-2016

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

1-27-2016

Date