

P16000017082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

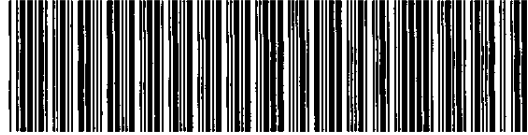
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Colligan FEB 24 2016

COVER LETTER

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

SUBJECT: GPC Medical US Corporation

(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: Juan Carlos Cuello

Name (Printed or typed)

13360 SW 91 Terrace, Ste F

Address

Miami, FL 33186

City, State & Zip

(305) 382-0643

Daytime Telephone number

icas@bellsouth.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: GPC Medical US Corporation

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ARTICLE II PRINCIPAL OFFICE

Principal street address

13360 SW 91 Terrace

Ste. F

Miami, FL 33186

SAME

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vikas Narang (President)

Address: M-Block, DDA LSC

Vikas Puri

New Delhi - 110018 - India

Name and Title: Subhash Narang (V.P)

Address: M-Block, DDA LSC

Vikas Puri

New Delhi - 110018 - India

Name and Title: Juan Carlos Cuello (Secretary)

Address: 13360 SW 91 Terrace, Ste F

Miami, FL 33186

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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: Juan Carlos Cuello

Address: 13360 SW 91 Terrace, Ste F

Miami, FL 33186

ARTICLE VII INCORPORATOR

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

Name: Juan Carlos Cuello

Address: 13360 SW 91 Terrace, Ste F

Miami, FL 33186

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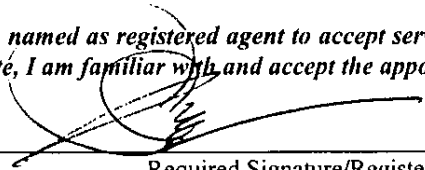
ARTICLE VIII EFFECTIVE DATE: Feb 15, 2016

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

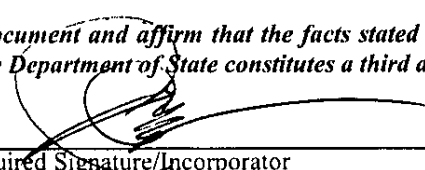


Required Signature/Registered Agent

Feb. 12, 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

Feb. 12, 2016

Date