

P16000030522

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

7/14
4-6-16

COVER LETTER

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

SUBJECT: Custom Meds Leasing Company

(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: Kirsten Kappus

Name (Printed or typed)

1275 Barclay Blvd

Address

Buffalo Grove, IL 60089

City, State & Zip

877-894-0073

Daytime Telephone number

kirsten.kappus@sta-is.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: Custom Meds Leasing Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

102 E Highland Blvd

Inverness, FL 34452

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawfull business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jessica DiLeo/Director

Name and Title:

Address 102 E Highland Blvd

Address:

Inverness, FL 34452

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: Jessica DiLeo _____

Address: 102 E Highland Blvd _____

Inverness, FL 34452 _____

ARTICLE VII INCORPORATOR

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

Name: Jessica DiLeo _____

Address: 102 E Highland Blvd _____

Inverness, FL 34452 _____

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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

J DiLeo

Required Signature/Registered Agent

3.23.2016

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.

J DiLeo

Required Signature/Incorporator

3.23.2016

Date