

P16000044379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

MAY 23 2016

T. SCOTT



400285798824

05/16/16--01004--015 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY 16 AM 10:38

COVER LETTER

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

SUBJECT: MARSHALL MEDICAL SUPPLY, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: JAMES M MARSHALL, II
Name (Printed or typed)

8515 OAKSHADE CIRCLE #202
Address

FORT MYERS, FL 33919
City, State & Zip

239-322-2700
Daytime Telephone number

Jamesmarshall@centurylink.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

OF

MARSHALL MEDICAL SUPPLY, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I. NAME.

The name of this Corporation shall be Marshall Medical Supply, Inc.

ARTICLE II. COMMENCEMENT ARTICLE & DURATION.

The existence of the Corporation will commence upon filing as provided by the laws of the State of Florida, and will continue thereafter perpetually.

ARTICLE III. PRINCIPAL OFFICE.

The principal place of business of this Corporation and its mailing address shall be 8515 Oakshade Circle #202, Fort Myers, FL 33919.

ARTICLE IV. NATURE OF BUSINESS.

This Corporation is being organized for the purpose of engaging in the transaction of any and all business activities permitted under the laws of Florida and the United States of America.

ARTICLE V. CAPITAL STOCK

1500
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY 16 AM 10:39

The number of shares of stock that this Corporation is authorized to have outstanding at any one time is FIVE HUNDRED shares (500) of common stock, all shares being with a par value of One Dollar (\$1.00)

ARTICLE VI REGISTERED AGENT & ADDRESS

SUSAN W. WATTS
8515 Oakshade Circle #202
Fort Myers, FL 33919

ARTICLE VII INCORPORATOR

This Corporation has one incorporator who's name and address is as follows:

JAMES M. MARSHALL II
8515 Oakshade Circle #202
Fort Myers, FL 33919

ARTICLE VIII DIRECTOR

This Corporation shall have one (1) director initially. The number of directors may, from time to time, be increased by By-Laws adopted by the stockholders. The initial Director's name and street address is listed as follows.

JAMES M. MARSHALL II
8515 Oakshade Circle #202
Fort Myers, FL 33919

THE UNDERSIGNED has executed these Articles of Incorporation this 10 day of May, 2016 and affirm that the facts stated herein are true.

James M. Marshall II
Incorporator

THE UNDERSIGNED has executed these Articles of Incorporation this 10 day of May, 2016. Having been named Registered Agent, I hereby accept and am familiar with the obligations of being registered agent of this Corporation, and agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties.

Susan W. Watts
Registered Agent

ARTICLE IX. AMENDMENTS.

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 of stock entitled to vote thereon, unless all the stockholders and all the directors sign a written statement manifesting their intentions that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersigned has hereunto set his/her hand and seal this 10th Day of May, 2016.

STATE OF FLORIDA
COUNTY OF Lee

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgements, SUSAN W. WATTS, to me personally known to be the person described in or who has produced DRIVERS Lic as identification and who executed the foregoing instrument, and she acknowledged before me that she executed the same freely and voluntarily for the purposes therein express.

WITNESS my hand and official seal at Fort Myers, Lee County, Florida this 10th day of May, 2016.



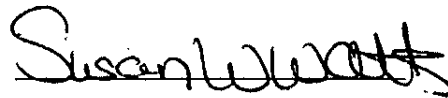
JEANNE E. VICKERY
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF192508
Expires 2/19/2019

Jeanne E. Vickery
NOTARY PUBLIC

My Commission Expires: 2-19-2019

ACCEPTANCE OF REGISTERED AGENT

Having been named to accept Service of Process for the above state corporation, at the place designated in these Articles, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

A handwritten signature in black ink, appearing to read "Susan W. Watts", written over a horizontal line.

SUSAN W. WATTS