

P17000028432

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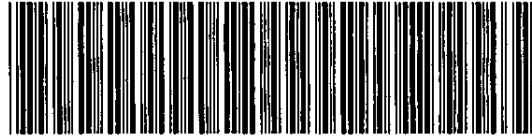
(Business Entity Name)

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17 MAR 28 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W17-020082

03/30/17



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<b>No Events    No Name History</b>			
<b>Detail by Entity Name</b>			
Rejected Filing HIGH THREAT MEDICAL SOLUTIONS INC.			
<b><u>Filing Information</u></b>			
Document Number	W17000020082		
Filed Date	03/09/2017		
Expire at Usual Time	Y		
Penalty Fee	00.00		
Associated Document Number			
Document Type			
Filed By	BILLY BLACK		
P.O. BOX 614 WEIRSDALE, FL 32695			
<b><u>Document Images</u></b>			
No images are available for this filing.			
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\* Please apply the original filing fee from the above entity rejection. Per the state, no additional filing fee is necessary for naming conflict.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2017

BILLY BLACK  
P.O. BOX 614  
WEIRSDALE, FL 32695

SUBJECT: HIGH THREAT MEDICAL SOLUTIONS INC.  
Ref. Number: W17000020082

We have received your document for HIGH THREAT MEDICAL SOLUTIONS INC. and your check(s) totaling \$78.75. 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 P16000086563.

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: 817A00004593

## COVER LETTER

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

**SUBJECT:** Medical Solutions for Austere Environments 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:** Billy Black

Name (Printed or typed)

PO Box 614

Address

Weirsdale, FL 32695

City, State & Zip

210-365-4645

Daytime Telephone number

black.billy.j@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)

**ARTICLE I NAME**      Medical Solutions for Austere Environments Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

11419 W. Fort Island Tr.  
Crystal River FL 34429

Mailing address, if different is:

P.O. Box 614  
Weirsdale FL 32695

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Teaches the concept of advanced security operations

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TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**      1000 common shares at par value \$.01  
The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Billy Black      Name and Title: N/A

Address: President / Director / Officer  
11419 W. Fort Island Tr.  
Crystal River FL 34429

Name and Title: N/A      Name and Title: N/A

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: N/A      Name and Title: N/A

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(conti.)

Name and Title: N/A Name and Title: N/A  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Billy Black  
Address: 11419 W. Fort Island Tr.  
Crystal River FL 34429

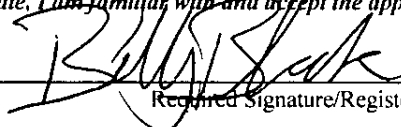
**ARTICLE VII INCORPORATOR**

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


Name: Billy Black  
Address: 11419 W. Fort Island Tr.  
Crystal River FL 34429

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TALLAHASSEE, FLORIDA

*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*

 03/20/2017  
Required Signature/Registered Agent 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.*

 03/20/2017  
Required Signature/Incorporator Date