P18000011847

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000042954 3)))

H18000042954 3ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
18 FEB -4 PM 1:36
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
2018 FEB -4 PM 1:36

FLORIDA PROFIT/NON PROFIT CORPORATION
MEDEQUIP ALERT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

Electronic Filing Menu Corporate Filing Menu Help

FEB 05 2018
K. Brumbley

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: MedEquip Alert, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
425 Catamaran Drive Unit 69	425 Catamaran Drive Unit 69
Merritt Island, FL 32952	Merritt Island, FL 32952

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Ken Hochbrueckner /PRESIDENT	Name and Title:	
Address	1370 Leslie Drive	Address:	
	Merritt Island, FL 32952		
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: Ken Hochbrueckner

Address: 1370 Leslie Drive

Merritt Island, FL 32952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

Name: Ken Hochbrueckner

Address: 1370 Leslie Drive

Merritt Island, FL 32952

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

_____ _____

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.

_____ _____

Required Signature/Incorporator Date