

P18 000 037 503

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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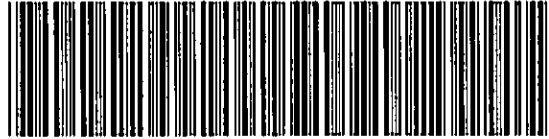
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/15/18--01012--004 **70.00

Seal of the
State of Florida
TALLAHASSEE, FL 32301

18 APR 13 AM 7:59

FILED

W18-29405

D O'KEEFE

APR 26 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2018

WILLIAM BRADFORD
1341 DEL MAR DRIVE
KISSIMMEE, FL 34759

SUBJECT: MEDICARE PLANS INC
Ref. Number: W18000029405

We have received your document for MEDICARE PLANS INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please provide a complete street address for the registered agent.

Please return 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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 018A00006146

RECEIVED

2018 APR 13 PM 12:08

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

COVER LETTER

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

SUBJECT: Medicare Plans 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: William Bradford

Name (Printed or typed)

1341 Del Mar Drive

Address

Kissimmee, FL 34759

City, State & Zip

863-427-1524

Daytime Telephone number

webcpa27@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

The name of the corporation shall be: Medicare Plans INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1341 Del Mar Drive

Kissimmee, FL 34759

Mailing address, if different is:

1341 Del Mar Drive

Kissimmee, FL 34759

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consultation and sale of Medicare plans

ARTICLE IV SHARES

The number of shares of stock is: ²

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TALLAHASSEE, FL 32301

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William E Bradford, President

Address: 1341 Del Mar Drive

Kissimmee, FL 34759

Name and Title: Martha Katherine Bradford, VP

Address: 1341 Del Mar Drive

Kissimmee, FL 34759

Name and Title:

Address:

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: William E Bradford
Address: 1341 Del Mar Drive
Kissimmee, FL 34759

ARTICLE VII INCORPORATOR

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

Name: William E Bradford
Address: 1341 Del Mar Drive
Kissimmee, FL 34759

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/16/2018

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

W. Bradford 3/12/18
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.

W. Bradford 3/12/18
Required Signature/Incorporator Date