

P20000002560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

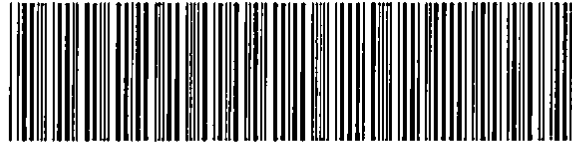
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

K. PAGE

JAN 14 2020



700339203757

700339203757  
01/14/20--01021--008 \*\*140.00

20 JAN 14 PM 12:58

01/14/20

\*\*\* JAN 14 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

# COVER LETTER

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

SUBJECT: Tallahassee Medical Services 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: Wilbert Stanley  
Name (Printed or typed)

1563 Capital Circle SE Ste 81  
Address

Tallahassee Florida 32301  
City, State & Zip

850-519-8858  
Daytime Telephone number

vepwekan@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: Tallahassee Medical Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1563 Capital Circle SE Ste 81

Mailing address, if different is:

Same

Tallahassee Florida 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical treatment

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wilbert Stanley / President Name and Title: \_\_\_\_\_

Address: 1563 Capital Circle SE Address: \_\_\_\_\_  
Ste 81  
Tallahassee Florida 32301

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

**FILED**  
JAN 14 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: Wilbert Stanley  
Address: 1563 Capital Circle SE Ste 81  
Tallahassee Florida 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Wilbert Stanley  
Address: 1563 Capital Circle SE Ste 81  
Tallahassee Florida 32301

FILED  
JAN 14 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FL

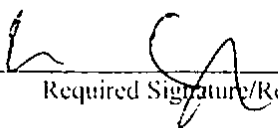
**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 days after the filing.)

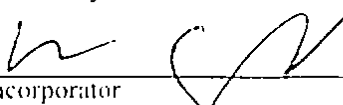
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature/Registered Agent

1-14-2020  
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

1-14-2020  
Date