Division of Corporations Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION VITAL MEDICAL INC

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Electronic Filing Menu Corporate Filing Menu

Help

N CULLIGAN

APR 2 2 2020

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Protit)

The name of the corporat	ion shall be: VITAL MEDICAL INC		
ARTICLE II PRINC		Mailing address, it different is:	
BOCA RATON, FL 33-	131		
ARTICLE III PURPO	<u>ANY Al</u> ne corporation is organized is: <u>ANY Al</u>	ND ALL LAWFUL BUSINESS	
			2020 APR 20 SECTETAR
			MAPR 20 AM II: IL
ARTICLE IV SHARI The number of shares of	ES stock is: 100		AMIII: IL
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		
Name and Title	DONNIE BRAWLEY (P/S/T/D)	Name and Title:	 _
Address	3042 CARDINAL DRIVE	Address:	
	DELRAY BEACH, Ft. 33444		
			
		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

Name an	d Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of t	the registered agent is:	
Name:	DONNIE BRAWLEY	·	
Address:	500 NE SPANISH RIVER BLVD, SUITE 104A		
	BOCA RATON, FL 33431		2826 SEI
ARTICLE VII	INCORPORATOR		SECRETARY OF ST TALLAHASSEE.
	- 		至五 20
The name and ad	Idress of the Incorporator is:		3.4
Name:	DONNIE BRAWLEY		
Address:	500 NE SPANISH RIVER BLVD, SUITE 1047	A	WOF STAT
	BOCA RATON, FL 33431		r
Effective date, if-	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and cannot		attae thu
filing.)	are is used, the date must be specific and cannot	be more than five days prior or 90 days:	inter the
	inserted in this block does not meet the applicable s ffective date on the Department of State's records.	statutory filing requirements, this date will n	or be listed as
Having been nam certificate, I am fo	ned as registered agent to accept service of process for amiliar with and accept the appointment as registere.	r the above stated corporation at the place de d agent and agree to act in this capacity	signated in this
(1 January Camber	4/17/2020	
	Required Signature/Registered Agent	Do	ite
I submit this document to the I	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	rue. I am aware that the false information as provided for in s.817.155, F.S.	submitted in a
	(1) Surley	4/17/2020	
Required Signatur	re/Incorporator	Date	