## P20000097107

(	Requestor's Name)	
(	Address)	
(	Address)	
(	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(	Business Entity Name)	<del> </del>
·	Certificates of s	Status
Special Instructions	to Filing Officer:	

Office Use Only



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SECRETARISEE FL

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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>12/16/20</u>	<del></del>	*	**WALK IN*
ENTITY NAME	MARC HOLTZMULLEI	R MEDICAL WHOLESALE SUPPLIES INC.	
DOCUMENT NUM	1BER		
	**PLEASE FI	ULE THE ATTACHED AND RETURN**	
J-1-2-1-7	Plaix Copy		
X>>X	Certified Copy		
	Certificate of Sta	rtas	. //
	Certified Copy of Certified Copy of Certificate of Sta	THE FOLLOWING FOR THE ABOVE ENTITY**  Aris & Amendments  Arts & Amendments Complete File (Including Annual Reports)  itus  itus Reflecting:	
	TINATION IFICATES REQUESTED	ACCOUNT # 120140000108	
D2 00 T	, , ,	ACCOUNT # 120140000108  United Corporate  Services, Inc.  For any issues or concerns. Thank you so much	epparl
lease call lina	at the above number f	for any issues or concerns. I hank you so much	

## **COVER LETTER**

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

SUBJECT: MARC	HOLTZMULLER MEDICAL WE	HOLESALE SUPPLIES INC.	
	(PROPOSED CORPOR	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the a	rticles of incorporation and	d a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	DOLORES BURTON C/O Nam 100 STATE STREET, SUIT	e (Printed or typed)	E SERVICES, INC.
		Address	<del></del>
Д	lbany, NY 12207		
	City	, State & Zip	
	877-894-9049		
	Daytime Telephone number		
<u>i</u> i	nfo@mlesq.com		·
	E-mail address: (to be use	d for future annual report n	ouncetion)

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)

2000 DEC 16 AH 9 22

e of the corp	ME MARC HOLTZMULL poration shell be:	
LE II PR	INCIPAL OFFICE Principal <u>street</u> address	Mailing address, if different is:
v. 77TH STR	EHT	
EAH, FL 330		
CLE III PUI rpose for whi	To er the corporation is organized is:	ngage in any lawful act or activity permitted by law.
LE IV SH2		
LE IV SHA	ARES 200 NPV of stock is:  FIAL OFFICERS AND/OR DIRECTOR  Mare Holtzmuller Director	<u></u>
ILE IV SHAPES  LE V INIT  Name and T	ARES 200 NPV of stock is:  FIAL OFFICERS AND/OR DIRECTOR itle:  Marc Holtzmuller - Director 2260 W. 77TH STREET	Name and Title:
LE IV SHA	ARES 200 NPV of stock is:  FIAL OFFICERS AND/OR DIRECTOR itle:  Mare Holtzmuller - Director	Name and Title: Address:
ILE IV SHAPES  LE V INIT  Name and T	ARES 200 NPV of stock is:  FIAL OFFICERS AND/OR DIRECTOR itle:  2260 W. 77TH STREET HIALEAH, FL 33016	Name and Title:Address:
LE IV SHA nber of shares LE V INII Name and T Address	ARES of stock is:  FIAL OFFICERS AND/OR DIRECTOR itle:  Marc Holtzmuller - Director  2260 W. 77TH STREET  HIALEAH, FL 33016	Name and Title:Address:
LE IV SHA nber of shares LE V INII Name and T Address	ARES of stock is:  FIAL OFFICERS AND/OR DIRECTOR itle:  Marc Holtzmuller - Director  2260 W. 77TH STREET  HIALEAH, FL 33016	Name and Title:   Address:   Name and Title:   Name and Title:
LE IV SHAME INFO SHAME AND THE ADDRESS Name and Title	ARES of stock is:  FIAL OFFICERS AND/OR DIRECTOR  itle:  Marc Holtzmuller - Director  2260 W. 77TH STREET  HIALEAH, FL 33016	Name and Title:
LE IV SHAME INFO SHAME AND THE ADDRESS Name and Title	of stock is:  "IAL OFFICERS AND/OR DIRECTOR  itle:  2260 W. 77TH STREET  HIALEAH, FL 33016	Name and Title:   Address:   Name and Title:   Address:
ILE IV SHAMES  LE V INIT  Name and T  Address  Name and Tit  Address	ARES of stock is:  FIAL OFFICERS AND/OR DIRECTOR itle:  2260 W. 77TH STREET  HIALEAH, FL 33016	Name and Title:   Address:   Name and Title:   Address:

Name a	nd Title:	Name and Title:	
Addres	SS	Address:	
	REGISTERED AGENT Clurida street address (P.O. Box NOT acceptable	) of the registered agent is:	
Name:	United Corporate Services, Inc.		782 733
Address:	9200 South Dadeland Blvd., Stc. 508		DEC CRETTA
	Miami, FL 33156		TALLAHASSET
ARTICLE VII	INCORPORATOR		OF ST
The name and a	ddress of the Incorporator is:		22 FL
Name:	Julius A. Lionounon		Гт.
Address:	115B Broadway, Suite 2		
	Hicksville, New York 11801		
Effective date, if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and can	(OPTIONAL) not be more than five days prior or 90 c	lays after the
	inserted in this block does not meet the applicab ffective date on the Department of State's records		will not be listed as
	ned as registered agent to accept service of proce am familiar with and accept the appointment as r		
Muc	shall A Barr		16/2020
•	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein un Department of State constitutes at hird degree feld		ation submitted in a
Requir	red Signature incorporator		Date

• .