

P21000037951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

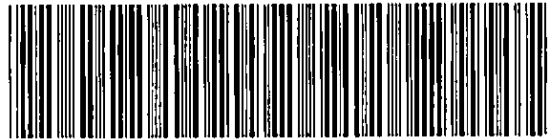
(Business Entity Name)

(Document Number)

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

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Office Use Only



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RECEIVED

2021 APR 27 PM 3:04

SECRETARY OF STATE  
MAIL ROOM

2021 APR 27 AM 11:23

Information Systems

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 782668 4307404

AUTHORIZATION :

COST LIMIT : \$70.00

ORDER DATE : April 27, 2021

ORDER TIME : 11:47 AM

ORDER NO. : 782668-005

CUSTOMER NO: 4307404

DOMESTIC FILING

NAME: RIDGE MEDICAL SELLER INC.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP  
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** Ridge Medical Seller 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Dr. Sunil Nihalani  
\_\_\_\_\_  
Name (Printed or typed)

PO Box 823  
\_\_\_\_\_  
Address

Lake Wales, FL 33859  
\_\_\_\_\_  
City, State & Zip

863-679-8000  
\_\_\_\_\_  
Daytime Telephone number

rmadoc@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

Ridge Medical Seller Inc.  
The name of the corporation shall be: \_\_\_\_\_

## ARTICLE II PRINCIPAL OFFICE

Principal street address

4312 Duck Down Lane

Winter Haven, FL 33884

Mailing address, if different is:

PO Box 823

Lake Wales, FL 33859

## ARTICLE III PURPOSE

Any and all lawful business.  
The purpose for which the corporation is organized is: \_\_\_\_\_

## ARTICLE IV SHARES

100  
The number of shares of stock is: \_\_\_\_\_

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sunil Nihalani, M.D., President

Name and Title: Preeti Harchandani, M.D., Secretary

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2021 APR 27 AM 11:23  
HALL COUNTY CLERK

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: Sunil Nihalani, M.D.  
Address: 4312 Duck Down Lane  
Winter Haven, FL 33884

**ARTICLE VII INCORPORATOR**

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

Name: Sunil Nihalani, M.D.  
Address: 4312 Duck Down Lane  
Winter Haven, FL 33884


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

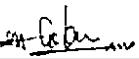
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 \_\_\_\_\_ 4/15/21  
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.*

 \_\_\_\_\_ 4/15/21  
Required Signature/Incorporator Date