

P22 00000 06454

(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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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2022 FEB -1 AM 11:00  
2022 JAN 31 PM 1:19

FILED  
TALLAHASSEE, FLORIDA



**Department of State**

**Division of Corporations**

**Date: 1/31/2021**

**American Expediting (Stealth Courier)**

**1531 Commonwealth Business Dr.**

**Ste 105**

**Tallahassee, Fl. 32303**

**850-294-5632**

## **Stealth Courier Box**

**Company: Laura Harvey**

**Requester: Laura Harvey**

**Order: 13729486**

## COVER LETTER

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

SUBJECT: LR Medi Support 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: Laura Harvey  
Name (Printed or typed)

19790 W Dixie Hwy  
Address

Miami FL 33180  
City, State & Zip

786 3519445  
Daytime Telephone number

lrmeds27@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2022

STEALTH COURIER

SUBJECT: LR MEDISUPPORT  
Ref. Number: W22000010085

We have received your document for LR MEDISUPPORT 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 name must contain a word that will clearly indicate that it is a **corporation**. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 522A00002446

RECEIVED

2022 FEB - 1 AM 8:49

DEPARTMENT OF STATE  
ALLAHASSEE, FLORIDA

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: LR Medisupport INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

19790 W Dixie Hwy  
Miami FL 33180

Mailing address, if different is:

2022 FEB -1 AM 11:00

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: medical goods

ARTICLE IV SHARES

The number of shares of stock is 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Laura Harvey

Name and Title:

Address 19790 W Dixie Hwy

Address:

Miami FL 33180

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

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: Laura Harvey  
Address: 19790 W Dixie Hwy  
Miami FL 33180

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Laura Harvey  
Address: 19790 W Dixie Hwy  
Miami FL 33180

**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  
Date 1/31/22

*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  
Date 1/31/22

FILED  
STATE  
SECRETARY OF CORPORATION  
2022 FEB -1 AM 11:00