P22000022664

	(Requestor's Name)
	(Addrawa)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
	,
Certified Copies	Certificates of Status
	 -
Special Instructions t	o Filing Officer:

Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Valrico Medical F	loldings, Inc.		
		-	
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
•			Vehicle Search
			Driving Record
Requested by:			UCC 1 or 3 File
Name	—— ———— Date	Time	UCC II Search
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date	• • • • • • • • • • • • • • • • • • • •	UCC 11 Retrieval
Walk-In		Jp	Courier

COVER LETTER

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

SUBJECT: Va	frico Medical Holdings, Inc.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	i 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 CO	PY REQUIRED
	ydney Shaw Nam 11 Lithia Pinecrest Road	e (Printed or typed)	
		Address	
Br	andon, FL 33511		
	City,	State & Zip	
81	3-833-0101		
	Daytime T	clephone number	
sha	aw162@yahoo.com		
		d for future annual report n	otification)

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)

	tion shall be: Valrico Medical Holdings		-
RTICLE II PRINC	CIPAL OFFICE Principal street address	Mailin	g address, if different is:
111 Lithle Pinecrest Road			g nadross, ir arrecon is.
randon, FL 33511			
		·	
RTICLE III PURPO	<u>OSE</u>	all lowful business	
he purpose for which t	the corporation is organized is: any and	an lawful business.	
			072 8 c c c
			HAR
			72
			25
			2
RTICLE IV SHARI	ES		23 FL
RTICLE IV SHARI he number of shares of	stock is: 100		
	L OFFICERS AND/OR DIRECTORS		
Name and Title	Sydney Shaw, President & Direct	or Name and Title:	
Address	1111 Lithia Pinecrest Road	Address:	
	Brandon, FL 33511		
	214114311, 1 2 000 1 1	-	
		-	
	Typholo Chury M.D. Vice Descitor C. Disco.		
Name and Title:	Izabela Shaw, M.D., Vice President & Direct	Name and Title:	
Address	1111 Lithia Pinecrest Road	Address:	·
	Brandon, FL 33511		
		-	
Name and Wit-		X7 1 (7)	
Name and Title:		_ Name and Title:	
Name and Title:			

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
			
The name and I	REGISTERED AGENT Inrida street address (P.O. Box NOT acceptat	le) of the registered agent is:	
Name:	Sydney Shaw		
Address:	1111 Lithia Pinecrest Road	 _	_
	Brandon, FL 33511		. St. 3
ARTICLE VII	INCORPORATOR		SELU
	ddress of the Incorporator is:		•
Name:	Yazen Dides		טער
Address:	2 N Tamiami Trail, Suite 400		טטורי דר
	Sarasota, FL 34236		
(If an effective of filing.) Note: If the date	other than the date of filing: APLIC 1 late is listed, the date must be specific and c inserted in this block does not meet the applic ffective date on the Department of State's rece	innot be more than five days prairies able statutory filing requirements	rior or 90 days after
Having been nan	ned as registered agent to accept service of proc amiliar with and accept the appointment as reg Required Signature/Registered Agent	ess for the above stated corporatio	on at the place designatis capacity S 2 3 7
I submit this doc document to the I	ument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the fa elony as provided for in s.817.155	else information substitutes, F.S. $3/33/2$