

P220000 30383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

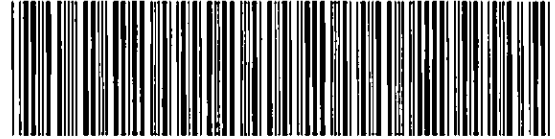
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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

STILLWATER HEALTH INC

Signature _____

Requested by: _____

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

____ 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 _____
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____ Certificate of Good Standing _____
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____ Certificate of Fictitious Name _____
____ Corp Record Search _____
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____ Fictitious Search _____
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____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

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

SUBJECT: STILLWATER HEALTH 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: Pierre Plater
Name (Printed or typed)

1700 N DIXIE HWY, SUITE 147
Address

BOCA RATON, FL 33432
City, State & Zip

310-428-1953
Daytime Telephone number

pierreplater@americasdme.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

The name of the corporation shall be: STILLWATER HEALTH INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1700 N DIXIE HWY, SUITE 147

BOCA RATON, FL 33432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical Supply Company

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pierre Plater - P

Name and Title: _____

Address 1700 N DIXIE HWY, SUITE 147

Address: _____

BOCA RATON, FL 33432

Name and Title: STILLWATER MEDICAL MANAGEMENT GROUP LLC - T

Name and Title: _____

Address 10 FAIRWAY DR, 142 V

Address: _____

DEERFIELD BEACH, FL 33441

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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2022 APR 21 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Pierre Plater
Address: 1700 N DIXIE HWY, SUITE 147
BOCA RATON, FL 33432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pierre Plater
Address: 1700 N DIXIE HWY, SUITE 147
BOCA RATON, FL 33432

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

Pierre A. Plater
Required Signature/Registered Agent

4/4/2022
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.

Pierre A. Plater
Required Signature/Incorporator

4/4/2022
Date