

7/7/22, 3:40 PM

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Division of Corporations

Florida Department of State
Division of Corporations

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To:

Division of Corporations
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From:

Account Name : FASTKIT CORP
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Phone : (305)599-0839
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Somer Medical Consultant, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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CORPORATION
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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Somer Medical Consultant, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8248 Garden Catalina CirLake Worth, FL 33467**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Consulting**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Christine Familia, President

Name and Title: _____

Address 8248 Garden Catalina Cir

Address: _____

Lake Worth, FL 33467Name and Title: Salar Al Bustani, VP

Name and Title: _____

Address 8248 Garden Catalina Cir

Address: _____

Lake Worth, FL 33467

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: Christine Familia
 Address: 8248 Garden Catalina Cir
Lake Worth, FL 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christine Familia
 Address: 8248 Garden Catalina Cir
Lake Worth, FL 33467

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

07/07/2022
 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.

 Required Signature/Incorporator

07/07/2022
 Date