

P23000015506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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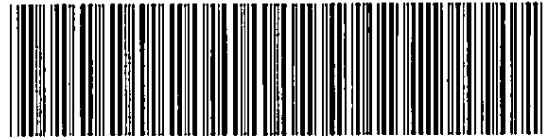
(Business Entity Name)

(Document Number)

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

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# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 2/28/23

**\*\*WALK IN\*\***

ENTITY NAME EZ MEDICAL SERVICES INC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXX

- Plain Copy*
- Certified Copy*
- Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Certified Copy of Arts & Amendments*
- Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*
- Certificate of Status*
- Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 78.75

ACCOUNT # I20140000108  
United Corporate  
Services, Inc.

*Keith Heppard*

Please call Tina at the above number for any issues or concerns. Thank you so much!



**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: EZ MEDICAL SERVICES INC

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address <u>8980 SW 48 CIRCLE</u>  <u>OCALA, FL 34478</u>	Mailing address, if different is:    
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To engage in any lawful act or activity permitted by law.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLE IV SHARES**

The number of shares of stock is: 200 NPV

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>PIERRE D DESULME, PRESIDENT</u> Address: <u>1055 BROADWAY #1</u> <u>WESTBURY, NY 11590</u>  Name and Title: _____ Address: _____  Name and Title: _____ Address: _____	Name and Title: <u>YVES DANIEL DESULME, VICE PRESIDENT</u> Address: <u>8980 SW 49 CIRCLE</u> <u>OCALA, FL 34478</u>  Name and Title: _____ Address: _____  Name and Title: _____ 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: VIXAMAR ALOURDE  
 Address: 8980 SW 49 CIRCLE  
OCALA, FL 34478

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PIERRE D DESULME  
 Address: 1055 BROADWAY #1  
WESTBURY, NY 11590

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**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.*

x *Alourde Vixamar*  
 Required Signature/Registered Agent

*2/17/2023*  
 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.*

x *Pierre D Desulme*  
 Required Signature/Incorporator

Date *2/17/23*