

P240000000126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

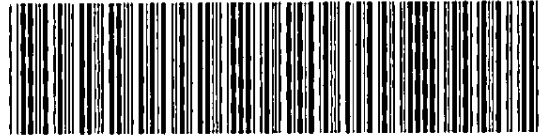
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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CLERK OF STATE
TALLAHASSEE, FLA
STATE OF FLORIDA

**CORPORATE
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WALK IN

PICK UP: BROOK 12/28

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INC

1. **ALGIAMED TECHNOLOGIES USA INC.**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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2023 DEC 28 PM 4:43
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: ALGIAMED TECHNOLOGIES USA 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: _____
Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

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: ALGIAMED TECHNOLOGIES USA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

410 39668 Government Road

Squamish, BC, Canada, V8B1C1

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To engage in the business of medical device research and development, production, sales and distribution as to be determined by the board of Directors.

ARTICLE IV SHARES

The number of shares of stock is: 50,000 no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Corlius Fourie Birkill, Director

Name and Title: _____

Address 410 39668 Government Road
Squamish, BC V8B 1C1

Address: _____

Canada

Name and Title: Corlius Fourie Birkill, President

Name and Title: _____

Address 410 39668 Government Road
Squamish, BC V8B 1C1

Address: _____

Canada

Name and Title: Corlius Fourie Birkill, Secretary &
Treasurer

Name and Title: _____

Address 410 39668 Government Road
Squamish, BC V8B 1C1

Address: _____

Canada

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: Registered Agent Solutions, Inc.

Address: 155 Office Plaza Dr.
Suite A

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Gene R. Moses

Address: 2219 Rimland Drive Suite 301
Bellingham, WA. 98226


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.

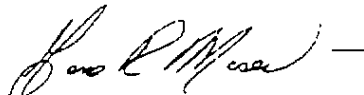

Required Signature/Registered Agent

12-27-23

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



Date 12-27-23

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