## 000011993

Division of Corporations P. O. 6327 Tallahassee, FL 32314

-02/05/97--01065--003

SUBJECT: REAL MED SERVICES, ILL (Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check

for:

\$70.00

\$78.75

\$122.50

**₩131.25** 

Filing Fee

Filing Fee & Certificate

Filing Fee & Certified Copy

Filing Fee, **Certified Copy** 

& Certificate

Please return the photocopy to me with the filing date stamped on it.

FROM:

LINDA V. BROWN

Name (printed or typed)

5750 55+ASTN

KENNETH CITY, FL City, State & Zip

813-546-7494

**Daytime Telephone Number** 

## **Articles of Incorporation**

FILED

1. The name of the corporation shall be: REAL MED SERVICES, INC 97 FEB -5 AMIO: 13 2. The principal place of business and mailing address of the corporation is: STATE ORIDA 5150 55 ST N. KENNETH CITY, FL 33769 3. The corporation shall have the authority to issue \_\_\_\_\_\_\_shares of stock. 4. The registered agent of the corporation is LINDA V. BROWN and the registered street address is 5156 55ths 7 N KENNETH CAY Florida 33769. 5. The initial Board of Directors shall have \_\_\_ member(s) whose name(s) and address(es) is/are as follows: LINDA V. BLOWN 5150 55#ST.N. KENNETH CITY FL 33709 The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one. 6. The incorporator of this corporation is LINAU. BROWN whose street address is 5150 55th ST W. KENNETH CITY FL 33709 Dated 21.97

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Dated <u>2199</u>