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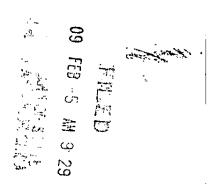
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

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# **COVER LETTER**

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

SUBJECT: MedCor	nsult Inc. (PROPOSED CORPORA	ATE NAME <u>MUST INCI</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED
FROM: <u>Ke</u>	evin Bogdansky Name	(Printed or typed)	
	1920 South Ocean Dr. #8A	Address	····
	Hallandale, FL 33009	, State & Zip	
	786-999-4848	Telephone number	

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:

MedConsuit Incorporated

## ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is:

1920 South Ocean Dr. #8A Hallandale, FL 33009

#### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

To provide medical consulting services

#### ARTICLE IV SHARES

The number of shares of stock is:

## INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Kevin Bogdansky 1920 South Ocean Dr. #8A

Hallandale, FL 33009

Title: President

### REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Kevin Bogdansky 1920 South Ocean Dr. #8A Hallandale, FL 33009

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Signature/Incorporator

Kevin Bogdansky 1920 South Ocean Dr. #8A Hallandale, FL 33009

************
above stated corporation at the place designated in this and agree to act in this capacity
01/22/2009
Date

01/22/2009

Date