

D240000038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

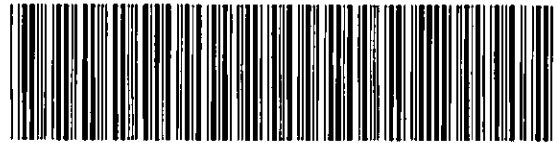
(Document Number)

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

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STATE  
CL

JOHN T. MCEWAN

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June 22, 2024

Rickey L. Richardson  
Regulatory Specialist  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: John T McEwan Revocable Living Trust

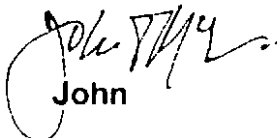
Dear Rickey,

As requested, I have enclosed the Certificate of Trust dated May 12, 2012.

If more information is required, please let me know either through email or regular mail.

My email address is [jtmpub@me.com](mailto:jtmpub@me.com)

Thank you for processing my request to update MedCom's stock transfer to my trust.

  
John

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## TRANSMITTAL LETTER

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

SUBJECT: John T McEwan Revocable Living Trust

Enclosed is an original and one (1) copy of the Declaration of Trust and a check for:

FEES:

Declaration of Trust \$350.00

OPTIONAL:

Certified Copy \$ 8.75

FROM: John T McEwan

Name (Printed or typed)

30 Regent Ave

Address

Bluffton, SC 29910

City, State & Zip

407-301-9847

Daytime Telephone number

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**AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE  
TO FILE OR QUALIFY**

John T McEwan Revocable Living Trust

A South Carolina **TRUST**

In accordance with Section 609.02 of the Florida Statutes, pertaining to Common Law Declarations of Trust, the undersigned, the Chairman of the Board of Trustees of John T McEwan Revocable Living Trust, a

(Name of Trust)

South Carolina Trust hereby affirms in order to file or qualify

(State)

John T McEwan Revocable Living Trust, in the State of Florida.

(Name of Trust)

1. Two or more persons are named in the Trust.

2. The principal address is 30 Regent Ave, Bluffton, SC 29910

3. The registered agent and street address in the State of Florida is:  
Kathleen S McEwan

3618 Fort Peyton Circle, St Augustine, FL 32086

4. Acceptance by the registered agent: Having been named as registered agent to accept service of process for the above named Declaration of Trust at the place designated in this affidavit, I hereby accept the appointment as registered agent and agree to act in this capacity.

Kathleen S. McEwan

(Signature of Registered Agent)

5. I certify that the attached is a true and correct copy of the Declaration of Trust under which the association proposes to conduct its business in Florida.

Name: John T McEwan

Chairman of the Board of Trustees

John L. George  
NOTARY

OFFICIAL SEAL

**JOHN L. GEORGE**

CR2E063(3/00)  
Notary Public for South Carolina

My Commission Expires April 13, 2027

Filing Fee: **\$350.00**

Certified Copy: **\$ 8.75 (optional)**

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## Certificate of Trust

The undersigned Trustor and Trustee hereby certify the following:

1. This Certificate of Trust refers to the JOHN MCEWAN LIVING TRUST, dated May 30, 2012, and any amendments thereto, executed by JOHN T MCEWAN as Trustor. Property to be titled in this trust should be transferred to JOHN T MCEWAN, Trustee, or his successors in trust, under the JOHN MCEWAN LIVING TRUST, dated May 30, 2012.

2. The address of the Trustor is 30 Regent Ave, Bluffton, SC 29910.

3. The initial Trustee of the Trust is:

JOHN T MCEWAN

4. The present Trustee is:

JOHN T MCEWAN  
30 Regent Ave  
Bluffton, South Carolina 29910

5. My Trust is a grantor trust under the provisions of Sections 671-677 of the Code. While I am alive, my Social Security Number may be used as the tax identification number for my Trust.
6. My Trustees shall act unanimously when there are two trustees serving and shall act by majority decision when three or more trustees are acting.
7. My Trustee under my Trust Agreement is authorized to acquire, sell, convey, encumber, lease, borrow, manage and otherwise deal with interests in real and personal property in my Trust name. My Trustee shall have full banking powers, including the power to open, close, or modify accounts or other banking arrangements, including, but not limited to, safe deposit boxes, savings, checking, and CD accounts. All powers of my Trustee are fully set forth in the Trustee Powers Article of my Trust Agreement.
8. My Trust is revocable and JOHN T MCEWAN holds the power to revoke the Trust. My Trust, executed on May 30, 2012, currently exists, has not been revoked, modified, or amended in any manner that would cause the representations contained in this certification of trust to be incorrect. There have been no amendments limiting the powers of my Trustee over trust property.
9. No person or entity paying money to or delivering property to my Trustee shall be required to see to its application. All persons relying on this document regarding my Trustee and his powers over trust property shall be held harmless for any resulting loss or liability from such reliance. A copy of this Certificate of Trust shall be just as valid as the original.

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## RELIANCE ON THIS CERTIFICATION

This certification is made under S.C. Code Ann. § 62-7-1013 and is signed by all currently acting Trustee. Any transaction entered into by a person acting in reliance on this certification is enforceable against the trust assets.

**SOUTH CAROLINA CODE ANNOTATED § 62-7-1013 PROVIDES THAT ANY PERSON WHO REFUSES TO ACCEPT THIS CERTIFICATION IN LIEU OF THE ORIGINAL TRUST DOCUMENT WILL BE LIABLE FOR DAMAGES, INCLUDING ATTORNEY'S FEES, INCURRED AS A RESULT OF THAT REFUSAL, IF THE COURT DETERMINES THAT THE PERSON ACTED IN BAD FAITH IN REQUESTING THE TRUST DOCUMENT.**

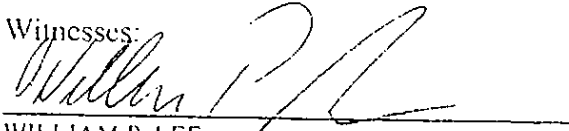
The undersigned certify that the statements in this Certificate of Trust are true and correct and that it was executed in the County of Beaufort, South Carolina, on May 28, 2024.

Trustor and Trustee:



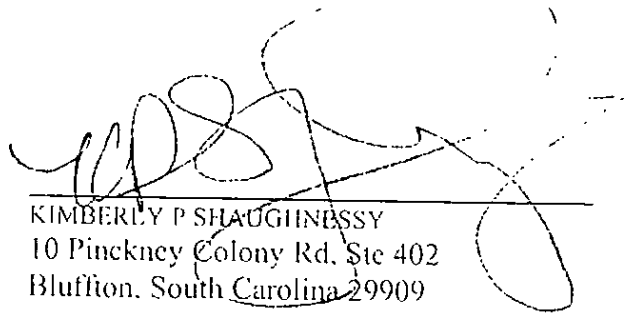
JOHN T. MCEWAN

Witnesses:



WILLIAM P. LEE

10 Pinckney Colony Road, Suite 402  
Bluffton, South Carolina 29909



KIMBERLY P. SHAUGHNESSY  
10 Pinckney Colony Rd, Ste 402  
Bluffton, South Carolina 29909


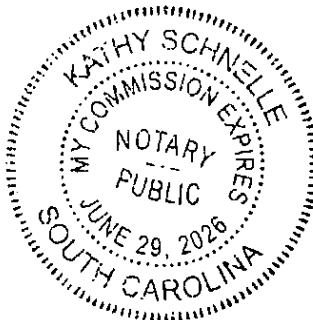
STATE OF SOUTH CAROLINA

COUNTY OF BEAUFORT

)  
ACKNOWLEDGEMENT  
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I, Kathy Schnelle, do hereby certify that the above named individual(s) personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal this May 28, 2024.

(SEAL)

  
Notary Public for South Carolina  
My Commission Expires: 6/29/26

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