

# FOUO00000 5719

## TRANSMITTAL LETTER

To: Registration Section  
Division of Corporations

SUBJECT: Medic Awake, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

James Lowe  
(Name of Person)  
Medic Awake, Inc  
(Firm/Company)  
8860 Woodville Hwy  
(Address)  
Tallahassee, FL 32311  
(City/State/Zip)

FILED  
OCT 12 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-10/12/00-01048--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Should you need to call someone concerning this matter, please call:

James Lowe at (850) 421-5020  
(Name of Person) (Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Medic Awake, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Nevada, USA 3. 59-3661053  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 13, 2000 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 8860 Woodville Hwy, Tallahassee, FL 32311  
(Principal office address)  
b. 8860 Woodville Hwy, Tallahassee, FL 32311  
(Current mailing address)
8. Personal Records Storage  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  
Name: James Lowe  
Office Address: 8860 Woodville Hwy  
Tallahassee,, Florida 32311  
(Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

James Lowe  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: James Lowe

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: James Lowe

Address: 200 Oakwood Trail  
Crawfordville FL 32327

Vice President: Stephen Van Camerik

Address: P.O. Box 703, U.S. Highway 98  
Lanark Village, FL 32323

Secretary: Robert Peterson

Address: 28 White Oak Drive  
Crawfordville, FL 32327

Treasurer: David Martindale

Address: 9 Beechwood Drive  
Crawfordville, FL 32327

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

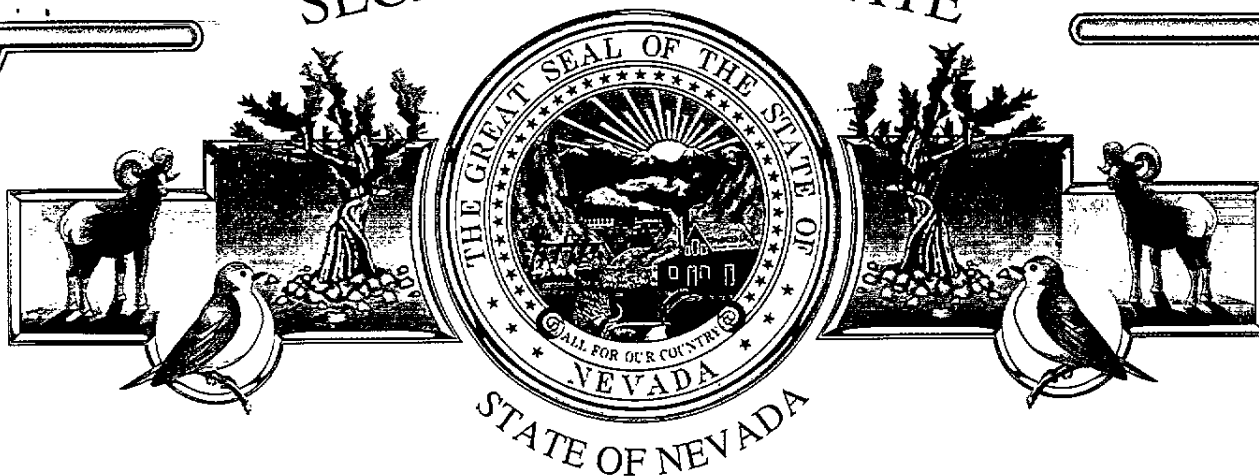
13. Robert Peterson

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert Peterson Secretary

(Typed or printed name and capacity of person signing application)

# SECRETARY OF STATE



## CORPORATE CHARTER

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that **MEDIC AWAKE, INC.** did on **July 13, 2000**, file in this office the original Articles of Incorporation; that said Articles are now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said Articles contain all the provisions required by the law of said State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Las Vegas, Nevada, on **July 13, 2000**.

A handwritten signature in cursive script, reading "Dean Heller".

Secretary of State

By

A handwritten signature in cursive script, reading "Angela Subanick".

Certification Clerk

