

N08000010653

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(City/State/Zip/Phone #)

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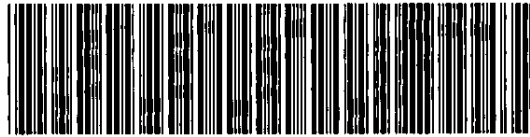


Certificates of Status



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05/08/09--01024--001 **52.50

FILED
09 MAY 29 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Amend
Theis
5-29-09*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Medi-Give Foundation Inc.

DOCUMENT NUMBER: N080000010653

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hanafy Meleis

(Name of Contact Person)

(Firm/ Company)

3845 Windmill Lakes Road

(Address)

Weston, FL 33332

(City/ State and Zip Code)

hanafy.meleis@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hanafy Meleis

(Name of Contact Person)

at (954) 283-8499

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2009 MAY 29 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 19, 2009

DR. HANAFY MELEIS
MEDI-GIVE FOUNDATION INC
3845 WINDMILL LAKES ROAD
WESTON, FL 33332

SUBJECT: MEDI-GIVE FOUNDATION INC
Ref. Number: N08000010653

We have received your document for MEDI-GIVE FOUNDATION INC and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 209A00017050

Articles of Amendment
to
Articles of Incorporation
of

Medi-Give Foundation Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

N080000010653

(Document Number of Corporation (if known))

FILED
09 MAY 29 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

n/a

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or " Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

n/a

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

n/a

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

n/a

New Registered Office Address:

(Florida street address)

_____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	n/a	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

See Attached Additional Information required to be included in our certificate of

Incorporation. Additional language is required under Internal Revenue Code

for non-profit organizations.

This Amends Article III

Article III

Medi-Give Foundation Inc. is organized exclusively for charitable, educational and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Specifically to help U.S. friendly countries in the developing world understand the progress in health care technologies. It will donate used medical equipment, medical and healthcare supplies and train healthcare professionals.

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of by the Court of Common Pleas of the county in which the principal office of the organization as then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine which are organized and operated exclusively for such purposes.

The date of each amendment(s) adoption: 05/06/2009

Effective date if applicable:

(no more than 90 days after amendment file date)

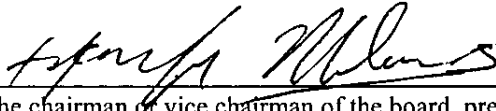
Adoption of Amendment(s)

(CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 5/25/09

Signature



(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Hanafy Meleis

(Typed or printed name of person signing)

Director

(Title of person signing)