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COVER LETTER

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

SUBJECT: We are one M	Medical Group, Inc.				
50B0E011	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
		,			
Enclosed is an original a	and one (1) copy of the Artic	les of Incorporation and a	check for:		
□ \$70.00	□ \$78.75	□\$78.75	\$87.50		
Filing Fee	Filing Fee & Certificate of	Filing Fee & Certified Copy	Filing Fee, Certified Copy		
	Status	& Certified Copy	& Certificate		
			V DEALIDED		
		ADDITIONAL COP	Y REQUIRED		
ED ON	Andres Delgado				
FROM:	Name (Printed or typed)				
	3169 Carthage Court				
	Address				
	Orlando, Florida, 32837 City, State & Zip				
	City, State & Zip				
	(305) 495-3830				
	Daytime Telephone number				

aadj@hotmail.com

NOTE: Please provide the original and one copy of the articles.

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

<u>ARTICLE I</u>	I PRINCIPAL OFFICE				
31	Principal <u>street</u> address: 69 Carthage Court. Orlando, Florida, 328	37	Mailing address, if different is:		
	TII PURPOSE If or which the corporation is organized is of life of people living with HIV and their	S:	nnization created with the goal of improvorida by improving their access to health		
services. W	e are a team of multicultural and socially	aware people from diff	erent backgrounds and experiences, com	promised	
to join effor	rts and to deliver holistic care to the people	le living with HIV in C	entral Florida		
<u>ARTICLE I</u>	IV MANNER OF ELECTION The n	nanner in which the dire	ctors are elected and appointed:	ote annually	
ARTICLE I	V INITIAL OFFICERS AND/OR DIR		ctors are elected and appointed:	ote annually	
	V INITIAL OFFICERS AND/OR DIR itle:		Daniella Sullivan Vice-chairperson	ote annually	
ARTICLE	INITIAL OFFICERS AND/OR DIR itle: Andres Delgado Chairperson 3169 Carthage Court	RECTORS	Daniella Sullivan Vice-chairperson	ote annually	
ARTICLE	V INITIAL OFFICERS AND/OR DIR itle:	RECTORS Name and Title	Daniella Sullivan Vice-chairperson	ote annually	
ARTICLE Name and T Address	itle: Andres Delgado Chairperson 3169 Carthage Court Orlando, Florida, 32837	RECTORS Name and Title Address:	Daniella Sullivan Vice-chairperson 3169 Carthage Court Orlando, Florida, 32837	ote annually	
ARTICLE	itle: Andres Delgado Chairperson 3169 Carthage Court Orlando, Florida, 32837	RECTORS Name and Title Address:	Daniella Sullivan Vice-chairperson		
ARTICLE Name and T Address Name and T	itle: Mariana Romero Treasurer	Name and Title Address: Name and Title	Daniella Sullivan Vice-chairperson 3169 Carthage Court Orlando, Florida, 32837	16 JUL -	
ARTICLE Name and T Address Name and T Address	itle: Andres Delgado Chairperson 3169 Carthage Court Orlando, Florida, 32837 itle: Mariana Romero Treasurer 3130 Terry Brook Drive #612	Name and Title Address: Name and Title Address: Address: Address:	Daniella Sullivan Vice-chairperson 3169 Carthage Court Orlando, Florida, 32837	16 JUL -8 P	



Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:
	·
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accept	otable) of the registered agent is:
Name: Andres Delgado	<u>. </u>
Address: 3169 Carthage Court	
Orlando, Florida, 32837	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Name: Andres Delgado	
Address: 3169 Carthage Court	
Orlando, Florida, 32837	
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific an	(OPTIONAL) d cannot be more than five business days prior or 90 business days
after the filing.)	
Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's reco	plicable statutory filing requirements, this date will not be listed as the rds.
\\ \frac{1}{1} = \frac{1}{2}	
Having been named as registered ligent to accept service certificate, I am familiar with and accept the appointment a	of process for the above stated corporation at the place designated in this s registered agent and agree to act in this capacity
	06/29/2016
Required Signature of Registered	Agent Date
I submit this document and affirm that the face stated here to the Department of State constitutes a thirty degree felony	in are true. I am aware that any false information submitted in a document as provided for in s.817.155, F.S.
	06/29/2016
Required Signature of Incor	

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