

PO0000069932

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

500003328505---2
-07/19/00--01100--018
*****78.75 *****78.75

SUBJECT: MEDI-TECH AID, CORP
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: WALL RUBEN EXANTUS
Name (Printed or typed)

1352 HOLLY GLEN RUN
Address

APOPKA, FL 32703
City, State & Zip

407-298-1802
Daytime Telephone number

FILED
00 JUL 19 AM 8:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

T BROWN JUL 24 2000

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:

MEDI-TECH AID, CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1423 N. PINE HILLS RD
ORLANDO, FL 32808

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE PROFESSIONAL STAFFING IN HEALTHCARE, SCIENCE
& TECHNOLOGY

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

W. RUBEN EXANTUS, 1352 HOLLY GLEN RUN, APOPKA, FL 32703
FLORENCE F. EXANTUS, 1352 HOLLY GLEN RUN, APOPKA, FL 32703

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

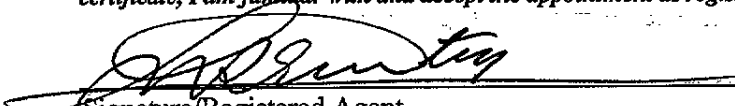
W. RUBEN EXANTUS 1352 HOLLY GLEN RUN, APOPKA, FL 32703

ARTICLE VII INCORPORATOR

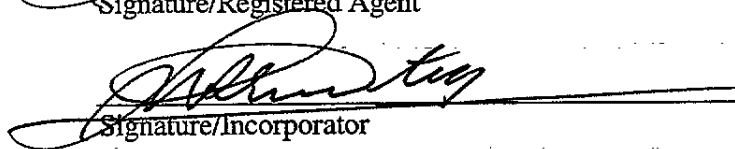
The name and address of the Incorporator is:

WALL RUBEN EXANTUS
1352 HOLLY GLEN RUN APOPKA, FL 32703

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Signature/Registered Agent

07-16-00
Date


Signature/Incorporator

07-16-00
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA