

P0000000 84652

TRANSMITTAL LETTER

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

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-09/05/00--01124--017
*****78.75 *****78.75

SUBJECT: MEDICAL INFORMATION CORPORATION
(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: Luis Bugarini
Name (Printed or typed)
Post Office Box 812257

Boca Raton, Florida 33481-2257
Address

011-52-987-71034 or 011-52-987-71033
1-242-351-4790
City, State & Zip

Daytime Telephone number

FILED
00 SEP -5 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

9/9/7

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:

Medical Information Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Post Office Box 812257
Boca Raton, Florida 33481-2257

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide medical information to the public and all other permissible purposes allowed under Florida law for a duly organized corporation.

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

President: and directors (3) Director: Lincoln Johnson, PO Box F-44866, Freeport, Bahamas
Luis Bugarini Av. Xupuhil #3, Suite 157, S.M. 27, Cancun, Q. Roo, MExico C.P. 77502
Director: Jay Wheatley - P.O. Box F-44866, Freeport, Bahamas

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

Manuel Martinez
801 Clint Moore Road, Unit 025
Boca Raton, Florida 33487

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

Luis Bugarini Av. Xuphil #3, Suite 157, S.M. 27, Cancun, Q. Roo, Mexico C.P. 77502

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

Manuel Martinez
Signature/Registered Agent

Luis Bugarini
Signature/Incorporator

August 31, 2000
Date

31 August 2000
Date

FILED
00 SEP -5 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA