

**PB1000023261**

OFFICE USE ONLY (Document #)

**LAZARUS CORPORATE FILING SERVICE**

(Requestor's Name)

**3320 S.W. 87 AVENUE**

(Address)

**MIAMI, FLORIDA (305)552-5973**

(City, State, Zip) (Phone #)

**TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)**

**700003797597--9**

**-03/05/01--01055--012**

**\*\*\*\*\*78.75 \*\*\*\*\*78.75**

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. **MEDICAL DOCTOR'S FORMULA INC.**

(Corporation Name)

(Document #)

2. \_\_\_\_\_

(Corporation Name)

(Document #)

3. \_\_\_\_\_

(Corporation Name)

(Document #)

4. \_\_\_\_\_

(Corporation Name)

(Document #)

☒ Walk in ☒ Pick up time **2-00**

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

**RECEIVED**  
**01 MAR -5 AM 10:33**  
**DEPARTMENT OF STATE**  
**DIVISION OF CORPORATIONS**  
**TALLAHASSEE, FLORIDA**

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**FILED**  
**01 MAR -6 PM 1:34**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 5, 2001

LAZARUS

MIAMI, FL

SUBJECT: MEDICAL DOCTOR'S FORMULA INC.  
Ref. Number: W01000004929

We have received your document for MEDICAL DOCTOR'S FORMULA INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of 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) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 001A00013338

RECEIVED  
01 MAR -6 AM 10:47  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I - NAME

The name of the corporation shall be:

MEDICAL DOCTOR'S FORMULA NETWORK INC.

01 MAR -6 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

7750 SW 29 ST  
MIAMI FLA. 33155

### ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 AT \$1.00

### ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JUAN AMADOR SR.  
7750 SW 29 ST  
MIAMI FLA. 33155

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

EVA ANA AMADOR - PRESIDENT  
7750 SW 29 ST  
MIAMI FLA. 33155

The undersigned incorporator has executed these Articles of Incorporation this 2 day of March 20  

Eva A. Amador

Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

EVA ANA AMADOR - PRESIDENT & TRES.  
JUAN AMADOR SR. V.P.  
7750 SW 29 ST.  
MIAMI FLA. 33155

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Juan Amador

Registered Agent Signature

FILED  
01 MAR -6 PM 1:34  
STATE OF FLORIDA