

SUBJECT: Mold Medic Tro.

(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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	T REQUIRED	
FROM: <u>Helodie R. Klinedeller</u> Name (Printed or typed)				

Dew Smyrna Beach, Fl. 32168
City, State & Zip

(386) 871-9692 Daytime Telephone number

EP 12 AN IO: 48

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

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: MOD MEDIC, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: ROFFICE TO BEACH, H. 32168 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Establish a firm that speciplizes in	02 SEP 12 AM 10: 48 SECRETARY OF STATE TALLAHASSEE FLORIDA Molore mediation.
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): JAMES L. KLINEFELFER	
Melodie R. KI medelder. 2275 Branchwood Druk New SmyrnA Beach, Fl. 32168	£.
The name and Florida street address of the registered agent is: Melooke R. Klinesel ter 2275 Branchwood Drive	. A
New Myrna Beach, Fl. 32/68 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Me 150/10 K. KINGSELLER	· · · · · · · · · · · · · · · · · · ·
DewsmyrnA Bach Fl. 32168	**************************************
certificate, I am familiar with and accept the appointment as registered agent and agree to act i	This capacity Date
Melodie R. Kleinefetter Signature/Incorporator	9/10/02