

P04000063/62

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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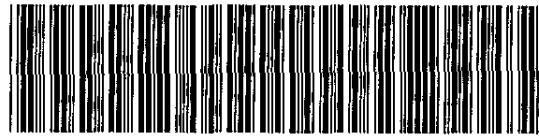
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

Florida Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Subject: **NEWLY MED, INC.**

I have enclosed an original and 1 (ONE) Copy (ies) of the Articles of Incorporation for the above corporation and a check in the amount of \$70.00.

I have also enclosed a check in the amount of \$8.75 to request a Certified copy of the Articles of Incorporation filed within.

Thank you.

From: Felipe Quiroz

**LUIS FELIPE QUIROZ
741 NW 91ST TERRACE
PLANTATION, FL 33324
(954) 916-4086**

**ARTICLES OF INCORPORATION
OF**

NEWLY MED, INC.

ARTICLE I

NAME

The name of the corporation shall be:

NEWLY MED, INC.

ARTICLE II

PRINCIPAL OFFICE

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

**NEWLY MED, INC.
741 NW 91ST TERRACE
PLANTATION , FL 33324**

ARTICLE III

CAPITAL STOCK

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

100 (One Hundred)

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ARTICLE IV

INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

**LUIS FELIPE QUIROZ
741 NW 91ST TERRACE
PLANTATION, FL 33324
(954) 916-4086**

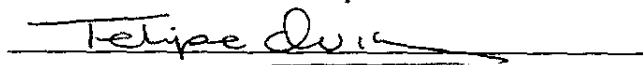
ARTICLE V

INCORPORATOR

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

**LUIS FELIPE QUIROZ
741 NW 91ST TERRACE
PLANTATION, FL 33324
(954) 916-4086**

The undersigned has executed these Articles of Incorporation this 5th Day of April, 2004

A handwritten signature in cursive script, appearing to read "Felipe Quiroz", is written over a horizontal line.

Luis Felipe Quiroz, Incorporator

CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in the designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

NEWLY MED, INC.

2. The name and address of the registered agent and office is:

LUIS FELIPE QUIROZ
741 NW 91ST TERRACE
PLANTATION, FL 33324
(954) 916-4086

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Signature: Felipe Quiroz

Title: PRESIDENT

Date: 4/5/04

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICES 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 ON MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: Felipe Quiroz

Date: 4/5/04