

705000065269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

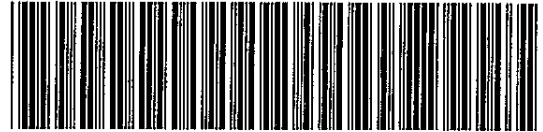
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800052293828

05/03/05--01037--023 **122.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY -2 PM 3:35

J. Shivers MAY 04 2005

TRANSMITTAL LETTER

April 27, 2005

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

SUBJECT: Medone Center Inc.

I enclose an original and 1 copy of the Articles of
Incorporation for the above corporation and a check in the amount
of \$ 122.50

SIGNED: _____

From:

Joseph S. Barcie
Name

211 SW 178 Way
Address

Pembroke Pines FL 33029
City State Zip

(305) 586-7976
Telephone Number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY -2 PM 3:35

ARTICLES OF INCORPORATION

OF

MEDONE CENTER INC.

ARTICLE I NAME

The name of the corporation shall be: Medone Center Inc.

ARTICLE II PRINCIPAL OFFICE

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

211 SW 178 Way

Pembroke Pines, FL 33029

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10,000,000.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Joseph S. Barcie

211 SW 178 Way

Pembroke Pines, FL 33029

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY -2 PM 3:35

ARTICLE V INCORPORATOR


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

Joseph S. Barcie

211 SW 178 Way

Pembroke Pines, FL 33029

The undersigned has executed these Articles of Incorporation this 27 day of APRIL 2005.


Medone Center Inc., 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 designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:

Medone Center Inc.


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

Joseph S. Barcie

211 SW 178 Way

Pembroke Pines, FL 33029

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY -2 PM 3:35

Signature: 

Title: PRESIDENT, CHIEF EXECUTIVE OFFICER

Date: April 27, 2005

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.

Signature: 

Date: 4-27-05