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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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VALIDATION ONLY

7/19/05

Carol Sokolow

Requestor's Name

9500 S. Dadeland Blvd. #700

Address

Miami, FL 33156

City

State

ZIP

Phone

(305) 670-0267

CORPORATION(S) NAME

MedPlus Solutions, Inc.



Profit

( ) NonProfit

( ) Amendment

( ) Merger

( ) Foreign

( ) Dissolution

( ) Mark

( ) Limited Partnership

( ) Annual Report

( ) Other

( ) Reinstatement

( ) Reservation

( ) Change of Registered Agent



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF INCORPORATION**

of

**MEDPLUS SOLUTIONS, INC.**

We, the undersigned, hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida, by and under the provisions of the Statutes of the State of Florida, providing for the formation, liability, rights, privileges, and immunities of the corporation for profit.

**Article One**

The name of this corporation shall be: MedPlus Solutions, Inc.

**Article Two**

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

**Article Three**

The maximum number of shares of stock with \$1 par value that this corporation is authorized to have outstanding at any one time is two thousand five hundred.

**Article Four**

This corporation is to have perpetual existence.

**Article Five**

The amount of capital with which this corporation will begin business will not be less than \$500 dollars.

### **Article Six**

The principal office of this corporation shall be at:

9500 S. Dadeland Blvd., Suite 700, Miami, FL, 33156 and the  
initial registered agent at such address is Carol L. Sokolow.

### **Article Seven**

The number of directors shall not be less than two.

### **Article Eight**

The names and addresses of the first board of directors, who, subject to the provisions of the Certificate of Incorporation, the by-laws and the corporation laws of the State of Florida, shall hold office for the first year of the corporations existence, or until their successors are elected and have qualified, are:

<u>Name</u>	<u>Address</u>
Christian Villao	8401 SW 107 Ave, # 112-E Miami, FL 33173
Eva Vaval	15250 SW 134 Place Miami, FL 33177

### **Article Nine**

The name and address of each subscriber to the Certificate of Incorporation and the number of shares that each agree to take, are as follows, to-wit:

<u>Name</u>	<u>Address</u>	<u>Shares</u>
Christian Villao	8401 SW 107 Ave, #112-E Miami, FL 33173	250
Eva Vaval	15250 SW 134 Place Miami, FL 33177	250

The proceeds of the stock subscribed for will be at least as much as the amount necessary to begin business.

**Article Ten**

The corporation shall have the right and power to:


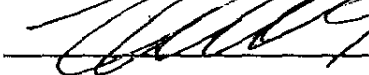
From time to time to determine whether and to what extent and at what times and places and under what conditions and regulations, the accounts and books of this corporation (other than the stock book) or any of them shall be open to inspection of stockholders; and no stockholder shall have any right of inspecting any account, book or document of this corporation except as conferred by statute, unless authorized by a resolution of the stockholders or board of directors.

The corporation may in its by-laws confer powers upon its board of directors or officers, in addition to the foregoing and in addition to the powers authorized and expressly conferred by statute.

Both stockholders and directors shall have power, if the by-laws so provide, to hold their respective meetings, and to have one or more offices with or without the State of Florida, and to keep the books of this corporation (subject to the provisions of the statutes) outside the State of Florida, at such places as may from time to time be designated by the board of directors.

The corporation reserves the right to amend, alter, change or repeal any provision contained in this Certificate of Incorporation, in the manner now or hereafter prescribed by statute, and all right conferred upon stockholders herein are granted subject to this reservation.

WE, THE UNDERSIGNED, being each and all of the original subscribers of the capital stock hereinabove named for the purpose of forming a corporation for profit to do business both within and without the State of Florida, do hereby make, subscribe, acknowledge and file this Certificate, hereby declaring and certifying that the facts herein stated are true, and do respectively agree to take the number of shares of stock hereinabove set forth as to each of us, and accordingly have hereunto set our hands and seal this 14 day of July, 2005.

 (Seal)  
 (Seal)

STATE OF FLORIDA

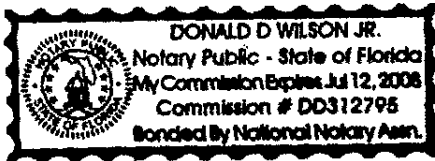
ss

COUNTY OF DADE

BE IT REMEMBERED, that on this day before me personally came the parties to the foregoing Certificate of Incorporation, known to me personally to be such, and severally

acknowledged the said Certificate to be the free and voluntary act of deed of them, and each of them, each for himself and not for the other, and that the facts therein stated are truly set forth.

WITNESS my hand and notarial seal at MIAMI, FLORIDA, this 14 day of July, 2005.



[Signature]  
Notary Public, State of Florida at Large

My commission expires:

7/12/08

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA – NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED;

FIRST—THAT

MEDPLUS SOLUTIONS, INC.

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF MIAMI,

STATE OF FLORIDA, HAS NAMED CAROL L. SOKOLOW,

LOCATED AT 9500 S. DADELAND BLVD., SUITE 700, MIAMI, FL, 33156,

CITY OF MIAMI, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE

[Signature]  
(CORPORATE OFFICER)

TITLE PRESIDENT

DATE 7-13-05

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I  
HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY  
WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND  
COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE Carol Sokolow  
(REGISTERED AGENT)

DATE 7/19/05

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TALLAHASSEE, FLORIDA