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(Req	uestor's Name)			
(Add	ress)			
· (Add	ress)			
(City/	/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
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SLORETARY OF STATE

TRANSMITTAL LETTER

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

SUBJECT: Medical	Edibles, Inc.		
A	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDESUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	✓ \$87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status PPY REQUIRED
FROM: Glo	ria Winton Name	(Printed or typed)	
<u>:</u>	3801 N. E. 207th Street Suite 17	702 Address	
<u> </u>	Aventura Florida 33180 City,	State & Zip	
<u> </u>	305-936-1877 Daytime To	elephone number	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 13, 2005

GLORIA WINTON 3801 NE 207 ST STE 1702 AVENTURA, FL 33180

SUBJECT: MEDICAL EDIBLES, INC.

Ref. Number: W05000029096

We have received your document for MEDICAL EDIBLES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please verify all addresses in your articles.

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) 245-6933.

Letter Number: 205A00040980

Dale White Document Specialist New Filings Section

Division of Corporations - P.O. ROX 6327 Tallahassaa Florida 32314

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

2005 JUL 27 A 2: 07

Medical Edibles, Inc.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3801 N. E. 207th Street Suite 1702 Aventura, Fl. 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

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

ARTICLE IV SHARES

The number of shares of stock is:

100 shares of one dollar (\$1.00) par value common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Gloria Winton 3801 N. E. 207th Street Aventura, Fl. 33180 President Stacy Winton 3331 S. W. 49th Street Hollywood, Fl. 33312 Vice-President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Stacy Winton 3331 S. W. 49th Street Hollywood, Fl. 33312

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Gloria Winton 3801 N. E. 207th Street Suite 1702 Aventura, Fl. 33180

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

7/22/08

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Signature/Incorporator