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## TRANSMITTAL LETTER

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

SUBJECT:	MEDICAL LINOVATION (PROPOSED CORPORA)	Jolytzaus, Inc. Te name - <u>must incl</u>	UDE SUFFIX)		
				•	
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	a check for:	<del>-</del>	
□ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status		
FROM:	CHRISTOPHER GINAME (Name (	(Printed or typed)  4 St. Address		OS OCT 21 PM 3: 27	FILED
	DAVIE, FL. 333 City, 954- 557- 4064	State & Zip	<del>_</del>	3: 27 FI IP	
	Daytime T	elephone number	<u></u>		

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

## In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I The name of the corporation shall be: MEDICAL IMOVATION SOLUTIONS, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 11001 S.W. 25th St. DAVIE, FL. 33324 ARTICLE III PURPOSE The purpose for which the corporation is organized is: TO MAKE A PROFIT ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): EUGENE Z. GREY, VICE- PRESIDENT/ SECRETARY CHRISTOPHER GREY PRESIDENT 11001 SW. 25th ST. DAVIE, FL. 33324 DOVIE, PL 33324 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Christopher Juny 11001 SW. 25# ST. DAVIE. FL. 33324 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

'ARTICLES OF INCORPORATION