

P07000029488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAR 07 2007

0258-1.0m
0259-1.0m

COVER LETTER

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

SUBJECT: MKB, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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
Status

ADDITIONAL COPY REQUIRED

FROM: MARK IANNELLO
Name (Printed or typed)

1543 DOUGLAS AVE.
Address

DUNEDIN, FL 34698
City, State & Zip

(727) 729-4865
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

MEDKB Health, Inc.
~~MEKB, Inc.~~ ~~AIKB, Inc.~~

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1543 DOUGLAS AVE.
DUNEDIN, FL 34698

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO SELL HEALTH AND MEDICARE INSURANCE.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARK IANNELLO
1543 DOUGLAS AVE.
DUNEDIN, FL 34698

DIRECTOR, PRESIDENT, VICE PRESIDENT,
SECRETARY, TREASURER

ARTICLE VI REGISTERED AGENT

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

MARK IANELLO
1543 DOUGLAS AVE.
DUNEDIN, FL 34698

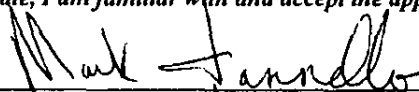
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

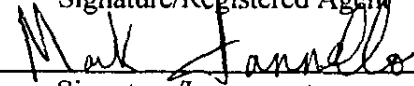
MARK IANNELLO
1543 DOUGLAS AVE.
DUNEDIN, FL 34698

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



Signature/Incorporator

2/3/07

Date

2/3/07

Date