

PD7000101320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



200109199082

09/11/07--01049--013 **128.75

Special Instructions to Filing Officer:

Danielle Serrano **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT #1 on Domestication Cert +
DATE 9/12/07 Article II
DOC. EXAM MRS

Office Use Only

MRS
9/12

FILED
07 SEP 11 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: M.D. Health Services, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

| | |
|--|----------------|
| Certificate of Domestication | \$50.00 |
| Articles of Incorporation and Certified Copy | <u>\$78.75</u> |
| Total to domesticate and file | \$128.75 |

OPTIONAL:

| | |
|-----------------------|---------|
| Certificate of Status | \$ 8.75 |
|-----------------------|---------|

FROM: Danielle Sorrentino with M.D. Health Services, Inc.

Name (printed or typed)

P.O. Box 3394

Address

Tampa, FL 33601

City, State & Zip

813-333-6396

Daytime Telephone Number

CERTIFICATE OF DOMESTICATION

The undersigned, Danielle Sorrentino, President,
(Name) (Title)


of M.D. Health Services, Inc. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was September 14, 2006.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was The State of Nevada.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was M.D. Health Services, Inc..
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is M.D. Health Services, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was The State of Nevada.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of M.D. Health Services, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 06 day of September, 2007.


(Authorized Signature)

| | |
|--|-----------------|
| Filing Fee: | |
| Certificate of Domestication | \$50.00 |
| Articles of Incorporation and Certified Copy | \$78.75 |
| Total to domesticate and file | \$128.75 |

FILED
07 SEP 11 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

FILED

07 SEP 11 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

M.D. Health Services, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

P.O. Box 3394 8201 Pinewood Run Court
Tampa, FL 33601 Tampa, FL 33647

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To conduct any and all lawful business activity.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

75,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Danielle Sorrentino-Chief Executive Officer
P.O. Box 3394
Tampa, FL 33601

Melissa Montgomery-Chief Financial Officer
P.O. Box 3394
Tampa, FL 33601

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

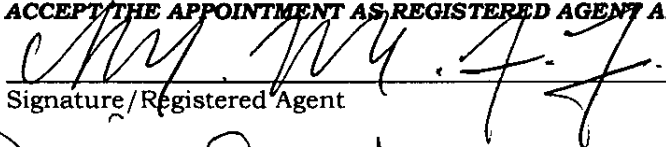
Melissa Montgomery
8201 Pinewood Run Court
Tampa, FL 33647

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Danielle Sorrentino
P.O. Box 3394
Tampa, FL 33601

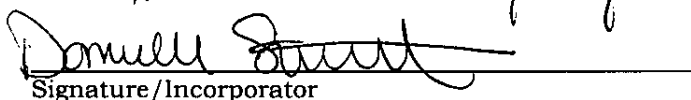
**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.**



Signature/Registered Agent

09/06/2007

Date



Signature/Incorporator

09/06/2007

Date