

PD8000028489

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

## TRANSMITTAL LETTER

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

**SUBJECT:** Domestication of My Medical, 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
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**FROM:** James Pugh

**Name (printed or typed)**

1830 S Ocean Drive, Suite #3903

**Address**

Hallandale Beach, Florida 33009

**City, State & Zip**

239-273-8007

**Daytime Telephone Number**

## CERTIFICATE OF DOMESTICATION

The undersigned, James Pugh, Chairman CEO,  
(Name) (Title)

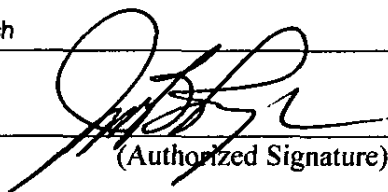
of My Medical, Inc. a foreign corporation,  
(Corporation Name)

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

1. The date on which corporation was first formed was February 2, 2004.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Wyoming.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was My Medical, 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 My Medical, 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 Casper, Wyoming
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am CEO, of My Medical, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 13th day of March, 2008.

  
(Authorized Signature)

### Filing Fee:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
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**ARTICLES OF INCORPORATION**  
**IN COMPLIANCE WITH CHAPTER 607, F.S.**

**ARTICLE I    NAME**

THE NAME OF THE CORPORATION SHALL BE:

My Medical, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

1830 S. Ocean Drive  
Suite #3903  
Hallandale Beach, Florida 33009

**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Any lawful purpose.

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS:

Common Stock, no par with authorized shares of 700,000,000  
Preferred Stock, no par with authorized shares of 1,000,000

**ARTICLE V    INITIAL DIRECTORS AND/ OR OFFICERS**

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

James Pugh  
President  
1830 S. Ocean Drive #3903  
Hallandale Beach, Florida 33009

**ARTICLE VI    INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

James Pugh  
1830 S. Ocean Drive #3903  
Hallandale Beach, Florida 33009

**ARTICLE VII    INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

James Pugh  
1830 S. Ocean Drive #3903  
Hallandale Beach, Florida 33009

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**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

\_\_\_\_\_  
March 13, 2008

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
March 13, 2008

\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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