

P08000094256

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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08/18/08--01010--003 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 OCT 20 PM 12:42

APPROVED
AND
FILED

W08-38589

COVER LETTER

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

SUBJECT: MEDALMEDIC 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: IVAN J RODRIGUEZ
Name (Printed or typed)

1120 Park Avenue Suite F
Address

ORANGE PARK, FL 32073
City, State & Zip

757-358-1867 904 278 0031
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2008

IVAN J RODRIGUEZ
1120 PARK AVE SUITE F
ORANGE PARK, FL 32073

SUBJECT: MEDAL MEDIC INC
Ref. Number: W08000038589

We have received your document for MEDAL MEDIC INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return the corrected 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) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 508A00046319

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:

MEDAL MEDIC INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1120 park avenue (Suite F) orange park, FL 32073

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For profit "professional corporation"

ARTICLE IV SHARES

The number of shares of stock is:

51% out of 100% Total shares 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ivan J Rodriguez 1120 park avenue, orange park FL 32073 (CEO)
Susan St Peter 1120 park avenue, orange park FL 32073 (FEO)
1859 lake forest lane, orange park, FL 32003 (Home)

ARTICLE VI REGISTERED AGENT

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

Ivan J Rodriguez 1859 lake forest lane, orange park, FL 32003 (Home)

I Here by am familiar with and accept the duties and responsibilities of
Registered agent Ivan Rodriguez

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ivan J Rodriguez. 1859 lake forest lane, orange park, FL 32003 (Home)

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

Date

Date

APPROVED
AND
FILED

08 OCT 20 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA