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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB - 3 2009
D.A. WHITE

COVER LETTER

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

SUBJECT: MEDTINO INCORPORATED

(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: Debra L. Towsley

Name (Printed or typed)

3001 West Highway 318

Address

Citra, Florida 32113

City, State & Zip

352-362-8764

Daytime Telephone number

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:

MEDTINO INCORPORATED

ARTICLE II PRINCIPAL OFFICE

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

3001 WEST HIGHWAY 318, CITRA, FLORIDA 32113

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TRANSACTING ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

50,000,000 Shares as follows: 40,000,000 shares of Common Stock, \$.0001 par value, 10,000,000 Shares Series A Cumulative Convertible Preferred Stock, \$.0001 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Debra L. Towsley, President
3001 West Highway 318
Citra, FL 32113

ARTICLE VI REGISTERED AGENT

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

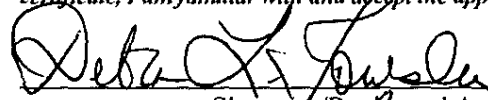
Debra L. Towsley
3001 West Highway 318
Citra, FL 32113

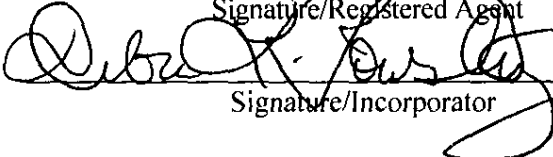
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Debra L. Towsley
3001 West Highway 318
Citra, FL 32113

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

1-27-2009
Date
1-27-2009
Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA