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(F	Requestor's Name)
<u> </u>	Address)
(A	Address)
(0	City/State/Zip/Phone #)
PICK-UP	
(E	Business Entity Name)
(C	Ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



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COVER LETTER

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

losed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for:
\$70.00	⋈ \$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		ADDITIONAL CO	Status PY REQUIRED

MEDICAL PAL, Inc.

ROM: Keith W. Hatchett

Name (Printed or typed)

2154 Bellcrest Circle

Address

Royal Palm Beach, FL 33411

City. State & Zip

Daytime Telephone number

Keith hatchet 170 hotmail. com

F-mail address: (to be used for future appual report positication)

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: MEDICAL PAL, Inc.	reijs ^{kr} t
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 2154 Bellcrest Circle Royal Palm Beach, FL 33411 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any and all Lawful business	3. 52 2. 52
The number of shares of stock is: 10 million	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Pres. Keith W. Hatchett 2154 Bellcrest Circle, Royal Palm Beach ARTICLE VI REGISTERED AGENT FL 33411	ע
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Keith W. Hatchett 2154 Bellcrest Circle Royal Palm Beach, FL 3341/	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Keith W. Hatchett 2154 Bellcrest Circle Royal Palm Beach, F-L 334//	***
Having been named as registered agent to accept service of process for the above stated corporation a place designated in this certificate, I am familiar with and accept the appointment as registered agent agree to act in this capacity Signature/Registered Agent Date /	
Signature/Incorporator Date 3 (10 10) Date	