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FILED
10 MAY 27 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W10000018937

DP 5/28/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 MAY 27 PM 12:27

JUSTIN J. FOGG
630 CRANES WAY #105
ALTAMONTE SPRINGS, FL 32701

May 6, 2010

JUSTIN J. FOGG
630 CRANES WAY #105
ALTAMONTE SPRINGS, FL 32701

SUBJECT: MEDCEPTS CONSULTING, INC.
Ref. Number: W10000018937

We have received your document for MEDCEPTS CONSULTING, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

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.)

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) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 810A00009609

COVER LETTER

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

SUBJECT: Medcepts Consulting, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Justin J. Fogg

Name (Printed or typed)

630 Cranes Way #105

Address

Altamonte Springs, FL 32701

City, State & Zip

407-212-6046

Daytime Telephone number

jjfogg@gmail.com

E-mail address: (to be used for future annual report notification)

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:

Medcepts Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

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

630 CRANES WAY #105
ALTAMONTE SPRINGS, FL 32701

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical practice consulting

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Justin J. Fogg
Founder/CEO

ARTICLE VI REGISTERED AGENT

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

~~630 Cranes Way #105~~
~~Altamonte Springs, FL 32701~~

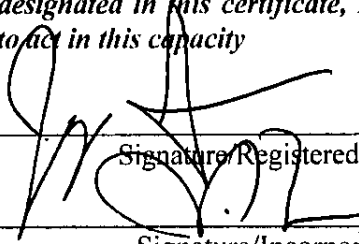
137 RIDGEWOOD AVE.
WINTER PARK, FL 32789
(JAYSON ZORTMAN)

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Justin J. Fogg
630 Cranes Way #105
Altamonte Springs, FL 32701

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
JAYSON ZORTMAN

Signature/Incorporator

4/13/2010

Date
4/13/2010

Date

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10 MAY 27 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA