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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

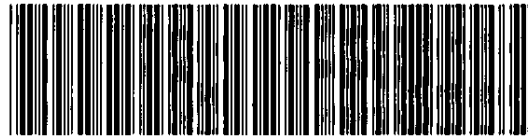
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: FIRST CALL MEDX, 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: BRIAN DOLAN  
Name (Printed or typed)

924 NW 110th AVE  
Address

PLANTATION FL 33324  
City, State & Zip

904 649 1449  
Daytime Telephone number

MRBRIANDOLAN@YAHOO.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:

FIRST CALL MEDX, INC

## ARTICLE II PRINCIPAL OFFICE

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

924 NW 110<sup>TH</sup> AVE

PLANTATION, FL 33324

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY & ALL LAWBOL BUSINESS

PERMITTED BY THE FL CORPORATION BUSINESS ACT

## ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES @ \$1 PER VALUE

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BRIAN DOLAN, DIRECTOR, PRES, VP, TREAS & SECY

924 NW 110<sup>TH</sup> AVE, PLANTATION FL 33324

## ARTICLE VI REGISTERED AGENT

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

BRIAN DOLAN

924 NW 110<sup>TH</sup> AVE, PLANTATION, FL 33324

## ARTICLE VII INCORPORATOR

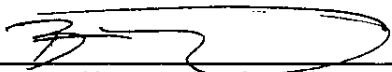
The name and address of the Incorporator is:

BRIAN DOLAN

924 NW 110<sup>TH</sup> AVE, PLANTATION, FL 33324

\*\*\*\*\*

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

6/22/10

Date

6/22/10

Date

FILED  
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10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA