Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 Phone

: (800)494-3124

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FLORIDA PROFIT/NON PROFIT CORPORATION

MedFive Corp.

Certificate of Status	0
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Corporate Filing Meta. WHITE

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ARTICLES OF INCURPORATION.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit RETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

MEDFIVE CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

188 E. BERGEN PL., STE 204 RED BANK, NEW JERSEY 07701

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

500,000,000 COMMON SHARES PAR VALUE \$0.001 100,000,000 PREFERRED SHARES PAR VALUE \$0.001

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR, PRESIDENT JOHN S ARNONE 188 E. BERGEN PL., STE 204 **RED BANK, NEW JERSEY 07701**

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MEDFIVE CORP.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JAY HOMANN 928 SOUTH GARDEN LAKE DRIVE ST. AUGUSTINE, FLORIDA 32086

ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

JOHN S ARNONE 188 E. BERGEN PL., STE 204 RED BANK, NEW JERSEY 07701

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.

DAY HOMANN / Registered Agent

JOHN S ARNONE / Incorporator

7/30/10

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