

P100000 76456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

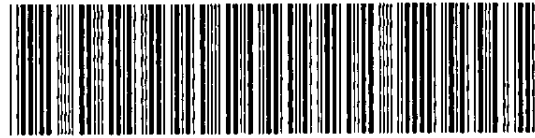
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/20/10--01004--006 **87.50

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10 SEP 20 AM 10:27

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 20 AM 11:30

FILED

MR 9/20

COVER LETTER

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

SUBJECT: Mona Med Group INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIN)

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: Adilshin Dulat
Name (Printed or typed)

4446-1 A Hendricks Ave #399, Jacksonville, FL 32207
Address

City, State & Zip

310 405 2817

Daytime Telephone number

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)

FILED

10 SEP 20 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Mona Med Group INC

ARTICLE II PRINCIPAL OFFICE

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

4446-1A Hendricks Ave #399
Jacksonville, FL 32207

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Marketing

ARTICLE IV SHARES

The number of shares of stock is:

3000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President - Adilshin, DuLat
4446-1A Hendricks Ave, #399
Jacksonville, FL 32207

ARTICLE VI REGISTERED AGENT

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

4446-1A Hendricks Ave, #399
Jacksonville, FL 32207 Adilshin, DuLat

ARTICLE VII INCORPORATOR

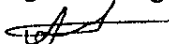
The name and address of the Incorporator is:

DuLat Adilshin 4446-1A Hendricks Ave,
#399, Jacksonville, FL 32207

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

09/20/10

Date

09/20/10

Date