

P10000097594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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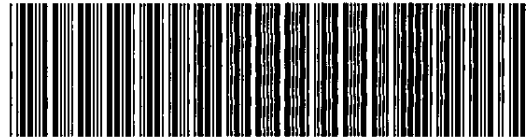
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 02 2010

COVER LETTER

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

SUBJECT: Med-A-Fix Global, 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
(1) copy

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

ADDITIONAL COPY REQUIRED

FROM: Med-A-Fix Global, Inc
Name (Printed or typed)

7777 Normandy Blvd Apt #523
Address

Jacksonville, FL 32221
City, State & Zip

904-207-4543
Daytime Telephone number

medafixglobal@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Med. A. Fix Global, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7777 Normandy Blvd #523
Jacksonville FL 32221

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to open Wellness Health Screening Arena's to ~~do~~ do
health Screenings, evaluations and educate people. To promote
the prevention of health problems & provide a source of wellness to
the public extending to all areas in society

ARTICLE IV SHARES

The number of shares of stock is: 5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Address: * See Attached Sheet

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: Connie A McCall
Address: 7777 Normandy Blvd #523
Jacksonville FL 32221

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Connie A McCall
Address: 7777 Normandy Blvd #523
Jacksonville FL 32221

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

Connie A. McCall

Required Signature/Registered Agent

11/29/10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Connie A. McCall

Required Signature/Incorporator

11/29/10

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Owner/President:

Connie A. McCall
7777 Normandy Blvd, #523
Jacksonville, FL 32221

Secretary/CFO

Sondra D. Miller
5925 Bill Davis Rd
Glen St. Mary, FL 32040

Directors:

Roderick McCloud
5055 Dostie Drive S.
Jacksonville, FL 32209

Dr. Will Nields, M.D.
221 E. 7th Street
Jacksonville, FL 32206

Jamie Harper
4156 Venetia Blvd
Jacksonville, FL 32210

Tom Harper
4156 Venetia Blvd
Jacksonville, FL 32210

~~Dr. Will Nields, M.D.~~
~~221 E. 7th Street~~
~~Jacksonville, FL 32206~~

*CALLIE CREWS
11962 John Burnsed Rd.
SANDERSON, FLORIDA 32087*

Apostle Carlton Burnett
5844 Hallwood Ct
Lithonia, GA 30058

*Remington Lane McCall
7777 Normandy Blvd,
Apt. 523
Jacksonville, Fla. 32221*

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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