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Division of Corporations
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To:

Division of Corporations
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Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION

MED CONSULTANTS SERVICES, INC.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	$87.50

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COVER LETTER

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

SUBJECT: MED CONSULTANTS SERVICES, 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: MARIA D. RODRIGUEZ
Name (Printed or typed)

2700 SOUTH UNIVERSITY DRIVE #4D
Address

DAVIE, FLORIDA 33328
City, State & Zip

(954) 347-2313
Daytime Telephone number

MEDCONSULTINGSERVICESINC@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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NOTE: Please provide the original and one copy of the articles.

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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 CONSULTANTS SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2700 SOUTH UNIVERSITY DRIVE #7A
DAVIE, FLORIDA 33328

Mailing address, if different is:
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
CONSULTING SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JESSALIN GIRALDO - PRESIDENT
Address: 2700 SOUTH UNIVERSITY DRIVE #7A
DAVIE, FLORIDA 33328

Name and Title:
Address:

Name and Title: MARIA D. RODRIGUEZ - DIRECTOR
Address: 2700 SOUTH UNIVERSITY DRIVE #4D
DAVIE, FLORIDA 33328

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: JESSALIN GIRALDO
Address: 2700 SOUTH UNIVERSITY DRIVE #7A
DAVIE, FLORIDA 33328

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIA D. RODRIGUEZ
Address: 2700 SOUTH UNIVERSITY DRIVE #4D
DAVIE, FLORIDA 33328

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

Jessalin Giraldo
Required Signature/Registered Agent

06/04/2012
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.

Maria D. Rodriguez
Required Signature/Incorporator

06-04-2012
Date