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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL .
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Certified Copies		
Special Instructions to	Filing Officer:	
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Office Use Only

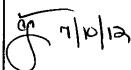


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SECKLIARY OF STATE



COVER LETTER

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

SUBJECT: Med - Fenix 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 \$78.75 Filing Fee & Certificate of Status \$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certificate Status ADDITIONAL COPY REQUIRE	e of
ADDITIONAL COI I REQUIRE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
FROM: Wieslaw Krzy Sz czak Name (Printed or typed)	_
8906 Wavy adge Ct	-
Trinity, FL 34655 City, State & Zip	12 SI
cell. 978 - 652 - 8010 Daytime Telephone number	SEGGETAS VISICAL -9
E-mail address: (to be used for future annual report notification)	OSTATE OF STATE (STATE) OFFICE ATTREES OF STATE (STATE)
	Tions

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 ' NA The name of the corpor		Med-Fe	enix l	nc.	
	RINCIPAL OFFICE Principal street addres 906 Wayzedo	55 12 (} 134655		Mailing add	lress, if different is:
ARTICLE III PUT The purpose for which	RPOSE n the corporation is orga	inized is: any	and all	lawful	business purposes.
The number of shares of	, - 0				
Name and Title: Address:	Wieslaw Krz. 8906 Warged	452629K	Sprestdent Name and T Address:	'itle:	
Name and Title: Address:			-	itle:	
Name and Title: Address:				`itle:	
ARTICLE VI RE	GISTERED AGENT	•			~ .
	street address (P.O. Bo Wieslaw 8906 Wave Trinity	ox NOT acceptable) of Krzyszczo		agent is:	SECRETA IVISION CA
ARTICLE VII IN	CORPORATOR				9
The <u>name and address</u> Name: Address:	s of the Incorporator is:	Krzyszcza Geden CF 34655	K		ED OF STATE PM 1: 05
Having been named a this certificate, I am fa		cept service of process	for the above	stated corpord nd agree to act	ntion at the place designated in in this capacity
	Selau K. Required Signature	Wyzy SZ CZak Registered Agent			7/6/12 Date
	nt and affirm that the fo tment of State constitute				else information submitted in a
Liest	Required Signature	ysi crake re/Incorporator			7/6/12 Date