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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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VH

COVER LETTER

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

SUBJECT: medicalandhospital.com	m, Inc.	
(PROPOSED CORPORA Enclosed are an original and one (1) copy of the arti		_
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status OPY REQUIRED
	ADDITIONAL C	OF I REQUIRED
FROM: W. Rodgers Moore, P.A.	e (Printed or typed)	
1900 Glades Rd., Suite	401 Address	
Boca Raton, FL 33431 City,	State & Zip	
561-394-7944 Daytime T	elephone number	
wrmoorelaw@gmail.com E-mail address: (to be used	l d 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)

ر ^{بی}م

ARTICLE I NA The name of the corpor	AME medicalandhospital.com	ı, Inc.	FILED	
	RINCIPAL OFFICE	12	SEP 26 PM 3: 40	
829	Principal <u>street</u> address 7 Championsgate Blvd., #309 mpionsgate, FL 33896	Mailing addre	ss, if different is: CRETARY OF STATE LANASSEE FLORES	
	RPOSE In the corporation is organized is: In activity or business permitted un	der the laws of the Unit	ed States and State of	
ARTICLE IV SE	<i>IARES</i> of stock is: 10,000 shares \$.001 par v	alue		
	ITIAL OFFICERS AND/OR DIRECTOR			
		Name and Title:		
Address: _		-		
_				
		Address:		
•				
Name and Title: Address:		_ Address:		
-				
ARTICLE VI RE	GISTERED AGENT			
The name and Florida	street address (P.O. Box NOT acceptable) of			
Name: Address:	W. Rodgers Moore, P.A. 1900 Glades Rd., Suite 401 Boca Raton, FL 33431			
ARTICLE VII IN	CORPORATOR			
The name and address				
Name: Address:	W. Rodgers Moore, P.A. 1900 Glades Rd., Suite 401 Boca Raton, FL 33431	- - -		
	s registered agent to accept service of process miliar with and accept the appointment as regi			
W. Rodgers M	loore, P.A.		- /	
—by	Required Signature/Registered Agent	dent	9/24/2012 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 Pepartment of State constitutes a third degree felony as provided for in s.817.155, F.S.				
W. Rodgers	looren P.A.		a la 12.11-	
by/	Required Signature/Incorporator	ident	9 24 /001	