

PI3000021961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

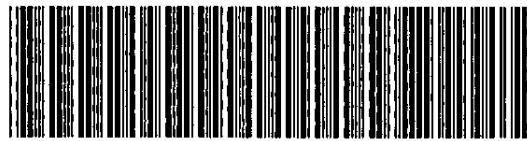
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: JVVEST MEDICAL 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 Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of & Certificate of
 Status Status

ADDITIONAL COPY REQUIRED

FROM: Jonathan Vest
Name (Printed or typed)

3751 W. State Road 84, Apt. 302
Address

Davie, Florida, 33312
City, State & Zip

361.960.3308
Daytime Telephone number

jonathan.vest@redmedical.com
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)

ARTICLE I NAME

The name of the corporation shall be: **JVEST MEDICAL INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address 3751 W. State Road 84, Apt. 302 Mailing address, if different is:
Davie, Florida, 33312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and All Legal Issues in the State of Florida.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Jonathan Vest-President** Name and Title: _____

Address: 3751 W. State Road 84, Apt. 302 Address: _____
Davie, Florida, 33312

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

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(cont.)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Jonathan Vest
Address: 3751 W. State Road 84, Apt. 302
Davie, Florida, 33312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jonathan Vest
Address: 3751 W. State Road 84, Apt. 302
Davie, Florida, 33312

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T A L A H A S S E E , F L O R I D A

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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



Required Signature/Registered Agent

3/08/2013

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.



Required Signature/Incorporator

3/08/2013

Date