

P/3000027655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

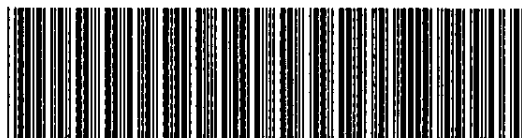
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W13-14723

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FILED  
13 MAR 25 PM 5:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1/14

**COVER LETTER**

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

SUBJECT: LO MEDICO, 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  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: Kimberly Lo Medico  
Name (Printed or typed)  
12530 NE 4TH AVENUE  
Address  
NORTH MIAMI, FL 33161  
City, State & Zip  
786-282-1902  
Daytime Telephone number  
DEAR KIMMIE1@gmail.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2013

KIMBERLY LO MEDICO  
12530 NE 4TH AVE  
NORTH MIAMI, FL 33161

SUBJECT: LO MEDICO INC  
Ref. Number: W13000014723

We have received your document for LO MEDICO INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 413A00005912

## 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:

LO MEDICO INC**FILED****ARTICLE II PRINCIPAL OFFICE**

Principal street address

12530 NE 4TH AVENUE  
NORTH MIAMI, FL 33161

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Mailing address, if different is:  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ALL BUSINESS AFFAIRS  
UNDER LO MEDICO HOUSEHOLD. WELLNESS,  
HOLISTIC, HEALTH CONSCIOUS FAMILY.  
SOCIAL MEDIA CONSULTING, MANAGEMENT**ARTICLE IV SHARES**

The number of shares of stock is:

20**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Kimberly Lo Medico

Name and Title:

TITLE - President

Address

12530 NE 4TH AVE.

Address:

North Miami, FL

→

SAMEPresident 33161

Name and Title:

Kimberly Lo Medico

Name and Title:

TITLE - CEO

Address

SAME

Address:

SAMETITLE - CEO

→

Name and Title:

JUAN Lo Medico

Name and Title:

SKYLER Lo MEDICO

Address

Vice-President

Address:

DIRECTOR12530 4TH AVE12530 NE 4TH AVENorth Miami, FLNORTH MIAMI, FL3316133161

(cont.)

**FILED**

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE FLORIDA

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

Name: Kimberly Lo Medico  
Address: 12530 NE 4TH AVENUE  
North Miami, FL 33161

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: Kimberly Lo Medico  
Address: 12530 NE 4TH AVE  
North Miami, FL 33161

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

Kimberly Lo Medico  
Required Signature/Registered Agent

3/7/13  
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.

Kimberly Lo Medico  
Required Signature/Incorporator

3/7/13  
Date