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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
5/7/13

COVER LETTER

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

SUBJECT: Mediwatch Biomedical 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: Dr. Philip. G. Stimpson DUni

Name (Printed or typed)

1501 Northpoint Parkway, Suite 103

Address

West Palm Beach, FL 33407

City, State & Zip

561-471-2611

Daytime Telephone number

pete.clay@mediwatchusa.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:

Mediwatch Biomedical Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1501 Northpoint Parkway

Suite 103

West Palm Beach, FL 33407

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Own IP and Worldwide

Distribution Rights for Medical Devices

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Philip. G. Stimpson DUni - CEO

Name and Title: _____

Address 1501 Northpoint Parkway

Address: _____

Suite 103

West Palm Beach, FL 33407

Name and Title: Pete Clay, CPA - Secretary and Treasurer

Name and Title: _____

Address 1501 Northpoint Parkway

Address: _____

Suite 103

West Palm Beach, FL 33407

Name and Title: Brian Hersh - VP Operations

Name and Title: _____

Address 1501 Northpoint Parkway

Address: _____

Suite 103

West Palm Beach, FL 33407

(conti.)

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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13 MAY -6 AM 11: 33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE VI REGISTERED AGENT

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

Name:

Pete Clay, CPA

Address:

1501 Northpoint Parkway, Suite 103

West Palm Beach, FL 33407

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name:

Dr. Philip. G. Stimpson DUni

Address:

1501 Northpoint Parkway, Suite 103

West Palm Beach, FL 33407

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

4-15-13

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.

Required Signature/Incorporator

4-15-13

Date