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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 17 2013

M. SOLOMON

COVER LETTER

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

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13 JUN 17 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: MED-LIFE INSTITUTE II, CORP
(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: LEN JOHNSON
Name (Printed or typed)
3600 S. STATE RD 7, SUITE 232
Address
MIRAMAR, FL 33023
City, State & Zip
305-318-1007
Daytime Telephone number
LMJ@ACCOUNTANT.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: MED-LIFE INSTITUTE II CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

3497 WEST VINE STREET
KISSIMMEE, FL 34741-4668

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT ALL AND ANY LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAX J. PAUL, PRESIDENT

Address: 3497 WEST VINE STREET
KISSIMMEE, FL 34741-4668

Name and Title: NANOUEH S. PAUL, V.P.

Address: 3497 WEST VINE STREET
KISSIMMEE, FL 34741-4668

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

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: NANOUEH S. PAUL, V.P.

Address: 3497 WEST VINE STREET

KISSIMMEE, FL 34741-4668

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

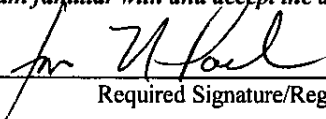
Name: LEN JOHNSON

Address: 3600 S. STATE RD 7, SUITE 232

MIRAMAR, FL 33023

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TALLAHASSEE, FLORIDA

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

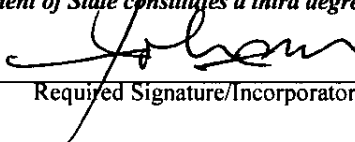


Required Signature/Registered Agent

06/14/2013

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

06/14/2013

Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2013

LEN JOHNSON
3600 SOUTH STATE ROAD 7
SUITE 343
MIRAMAR, FL 33023

SUBJECT: MED-LIFE INSTITUTE, CORP.
Ref. Number: W13000029600

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13 JUN 17 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MED-LIFE INSTITUTE, CORP. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 313A00012770