P13000084954

031 05:26 #0940 001/003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000230031 3)))

H13000230031 3ABCN

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: _____

FILED
13 OCT 16 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
MEGA HEALTH MARKETING SERVICES INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

RECEIVED
13 OCT 16 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

MD 10/17

H13000230031

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: Mega Health Marketing Services INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

7975 NW 12th Street
Suite 113
Doral, FL 33126

Mailing address, if different is:

FILED
13 OCT 16 AM 11:22
SECRETARY OF STATE
ALLAHASSEE FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Marketing

ARTICLE IV SHARES
The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

H13000230031

(Document #)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

_____ _____

_____ _____

FILED
13 OCT 16 AM 11:22
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: Gary D. Mafeld

Address: 7875 NW 12th Street, Suite 113
Doral, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gary D. Mafeld

Address: 7875 NW 12th Street Suite 113
Doral, FL 33126

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

Gary D. Mafeld
Required Signature of Registered Agent

10-15-13
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.

Gary D. Mafeld
Required Signature of Incorporator

10-15-13
Date