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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD3628

COVER LETTER

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

SUBJECT: The Medicare Shop 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: Anthony Recupero

Name (Printed or typed)

200 S. Hoover Blvd. Suite 145

Address

Tampa, FL 33609

City, State & Zip

813-999-2010

Daytime Telephone number

Anthony@cmahealthagency.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: The Medicare Shop Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

200 S. Hoover Blvd.

Suite 145

Tampa, FL 33609

Mailing address, if different is:

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TAMPA, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for profit business that will create and run a website for the insurance industry.

ARTICLE IV SHARES 1000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jonathan Poon Tip- President

Address: 200 S. Hoover Blvd
Suite 145
Tampa, FL 33609

Name and Title: Alex Rascionato- Vice Pres.

Address: 200 S. Hoover Blvd
Suite 145
Tampa, FL 33609

Name and Title: Anthony Recupero- Secretary

Address: 200 S. Hoover Blvd
Suite 145
Tampa, FL 33609

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: Anthony Recupero
Address: 200 S. Hoover Blvd. Suite 145
Tampa, FL 33609

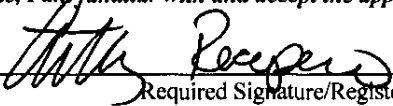
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Anthony Recupero
Address: 200 S. Hoover Blvd. Suite 145
Tampa, FL 33609

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 3/25/14 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 3/25/14 Date