

P14000028476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

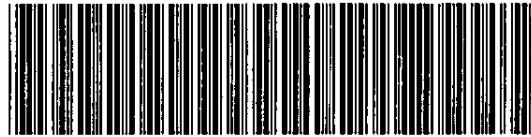
(Business Entity Name)

(Document Number)

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

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FILED  
14 MAR 31 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W14-16306

MAR 31 2014

L. ROYAN

## COVER LETTER

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

SUBJECT: Change Foreign Corporation Status - Med724 Inc

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

**FEES:**

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

**OPTIONAL:**

Certificate of Status	\$ 8.75
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14 MAR 31 PM 2:33  
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TALLAHASSEE, FLORIDA

\_\_\_\_\_  
Name (printed or typed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

RECEIVED

14 MAR -6 AM 10:23

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2014

JOSEPH ROTBART  
MED724 INC.  
7368 SW 48TH STREET  
MIAMI, FL 33155

SUBJECT: MED724 INC.  
Ref. Number: W14000016306

RECEIVED  
FILED  
14 MAR 28 PM 3:24  
MAR 31 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for MED724 INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$128.75.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return 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.

Joey Bryan  
Regulatory Specialist II Supervisor

Letter Number: 814A00005507

Division of Corporations, P.O. Box 6227, Tallahassee, Florida 32314  
www.sunbiz.org

## CERTIFICATE OF DOMESTICATION

The undersigned, Joseph Rotbart, President  
(Name) (Title)

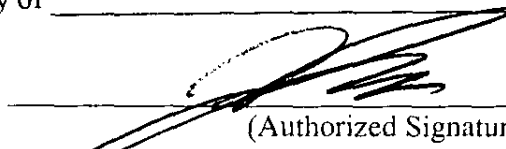
of Med724 Inc  
(Corporation Name) a foreign corporation,

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was December 19, 2011.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was State of Delaware - 108 West 13th Street, Wilmington, Delaware 19801.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Med724 Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Med724 Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was State of Delaware - 108 West 13th Street, Wilmington, Delaware 19801.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of Med724 Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 03 day of March, 2014.

  
(Authorized Signature)

### Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

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TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

*IN COMPLIANCE WITH CHAPTER 607, F.S.*

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TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

Med724 Inc.

**ARTICLE II PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:*

Principal Address

Mailing Address

7368 SW 48th Street

7368 SW 48th Street

Miami, FL 33155

Miami, FL 33155

**ARTICLE III PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*

distribute medical supplies, vitamins & supplements

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TALLAHASSEE FLORIDA

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 100000

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

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

Joseph Rotbart

Pedro Garcia

Title/Name

President

Director

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Joseph Rotbart

7368 SW 48th Street

Miami, FL 33155

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TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Joseph Rotbart

7368 SW 48th Street

Miami, FL 33155

\*\*\*\*\*

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Signature/Registered Agent

Date

3/3/2014

Signature/Incorporator

Date

3/3/2014