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SECRETARY OF STATE
DIVISION OF CORPORATION
15 MAR 26 PM 12:27

K 03/30/15

COVER LETTER

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

SUBJECT: Medic Plans 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: Medic Plans Corp

Name (Printed or typed)

21205 N.E. 37th. Ave. Suite 2207

Address

Aventura, Fla. 33180

City, State & Zip

(786) 285.1580

Daytime Telephone number

info@medicplans.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: Medic Plans Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

21205 N.E. 37th. Ave. Suite 2207

Aventura, Fl. 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Promote and sell healthcare savings programs and cards to individuals, corporations, institutions, and non profit organizations

ARTICLE IV SHARES

The number of shares of stock is: 100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlos Rottenberg, President

Name and Title: _____

Address 21205 N.E. 37th. Ave. 2207

Address: _____

Aventura, Fla. 33180

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(cont.)

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: Carlos Rottenberg
Address: 21205 N.E. 37th. Ave. 2207
Avenrur, fL, 33180

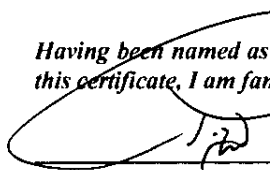
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carlos Rottenberg
Address: 21205 N.E. 37th. Ave. 2207
Aventura, Fl. 33180

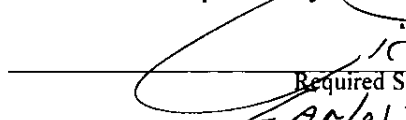
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 Carlos ROTTENBERG
Required Signature/Registered Agent

3-21-15

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.

 Carlos ROTTENBERG
Required Signature/Incorporator

3-21-15

Date