#2270 P.001/003

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.

(((H15000102663 3)))



H150001026633ABCY

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

Fax Number

Phone : (305)552-5973 : (305)675-5944

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

			•	
Email	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION MEDICARD MARKETING CORPORATION, INC.

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

11 28 15

Electronic Filing Menu Corporate Filing Menu

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:
MEDICARD MARKETING CORPORATION, INC.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
2721 SW 152 CT
Miami, Fc. 33185
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
REBECA ARZOLA - PRESIDENT
Those on the second sec
LORR TATE
2 m
ARTICLE V INTIIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
REBECA ARZOLA
2721 8W 152 CT MIAMI, FL 33185
MIAMI, FL 33185
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
REBECA ARZOLA
2721 Sw 152 CT.
miami F 33185

#15000102663

Required Signatures:

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

Reditered Agen: 4/27/15

Reditered Agen: 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.