

P15000042318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

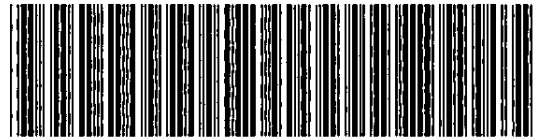
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/07/15--01014--011 **78.75

FILED
2015 MAY -7 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#005
eff 5/1

5/12/15

COVER LETTER

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

SUBJECT: MEDIT Technologies 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: Michael E Dinkins
Name (Printed or typed)
1110 Broad Street
Address
New Castle, IN 47362
City, State & Zip
7655291097
Daytime Telephone number
michael@dinkins@gmail.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)

effs/1

ARTICLE I NAME

The name of the corporation shall be: MEDIT Technologies Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
6347 Ashley Drive
Lakeland, FL 33813

Mailing address, if different is:
1110 Broad Street
New Castle, IN 47362

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide IT services to business clients in the Florida area.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Michael E Dinkins, President</u>	Name and Title:	_____
Address	<u>6347 Ashley Drive</u>	Address:	_____
	<u>Lakeland, FL 33813</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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: Michael E. Dinkins
Address: 6347 Ashley Drive
Lakeland, FL 33813

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Michael E. Dinkins
Address: 6347 Ashley Drive
Lakeland, FL 33813

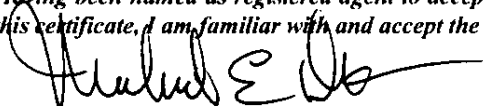
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/01/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

05/04/2015

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

05/04/2015

Date