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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

7/24/15

NAME:

MEDAX CONSULTING, INC

TYPE OF FILING: ARTICLES

COST:

87.50

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

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

SUBJECT:	edax Consulting, Inc.		
Sebsee 1	(PROPOSED CORE	PORATE NAME – <u>MUST INC</u>	CLUDE SUFFIX)
Enclosed are an	original and one (1) copy of the	ne articles of incorporation a	and a check for:
☐ \$70.6 Filing F		\$78.75 Filing Fee & Certified Copy	& Certificate o Status
		ADDITIONAL O	COPY REQUIRED
FROM		Name (Printed or typed)	
	2725 Rio Lempa Drive		
		Address	
	Hacienda Heights, CA 91745		
		City, State & Zip	
	954-254-6648		
	Dayti	me Telephone number	
	annachincpa@gmail.com		
	F-mail address: (to be	used for future annual repor	t 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)

DICLE IV SHARES 1000000 sumber of shares of stock is: ICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Mingo Ku, CEO Name and Title: Address 4305 Laurel Ridge Circle Weston, FL 33331 Weston, FL 33331 Name and Title: Address 4305 Laurel Ridge Circle Address: Weston, FL 33331 Weston, FL 33331 Name and Title: Address 4305 Laurel Ridge Circle Address: Address: Weston, FL 33331 Name and Title: Address Address: Address: Weston, FL 33331 Name and Title: Address Address: Address: Weston, FL 33331 Name and Title: Address Address: Address: Weston, FL 33331 Name and Title: Address Address: Address: Address Address: Weston, FL 33331 Weston, FL 333		ICIPAL OFFICE Principal street address		Mailing address, if different is:	
PICLE III PURPOSE purpose for which the corporation is organized is: Consulting Services PICLE IV SHARES number of shares of stock is: PICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Name and Title: Address: Weston, FL 33331 Name and Title: Mingo Ku, Secretary Name and Title: Address Weston, FL 33331 Name and Title: Mingo Ku, Secretary Name and Title: Address: Weston, FL 33331 Name and Title: Mingo Ku, Secretary Name and Title: Address: Weston, FL 33331 Name and Title: Address:	_	rcle		i	
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ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Mingo Ku ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Mingo Ku Address: 4305 Laurel Ridge Circle Weston, FL 33331 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Mingo Ku Address: 4305 Laurel Ridge Circle Weston, FL 33331 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 list 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 design this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 7/22/2015 Required Signature/Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that the false information submits locument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Name a	nd Title:	Name and Title:	
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Required Signature/incorporator Date	9.2	red Stonature/Incomporator	A4-7074-	