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DATE: 7/24/15

NAME: MEDAX CONSULTING, INC

TYPE OF FILING: ARTICLES

COST: 87.50

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

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

SUBJECT: Medax Consulting, 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: Mingo Ku

Name (Printed or typed)

2725 Rio Lempa Drive

Address

Hacienda Heights, CA 91745

City, State & Zip

954-254-6648

Daytime Telephone number

annachincpa@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)

ARTICLE I NAME

The name of the corporation shall be: Medax Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4305 Laurel Ridge Circle

Weston, FL 33331

Mailing address, if different is:

2725 Rio Lempa Drive

Hacienda Heights, CA 91745

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting Services

ARTICLE IV SHARES

The number of shares of stock is: 1000000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mingo Ku, CEO

Address 4305 Laurel Ridge Circle
Weston, FL 33331

Name and Title: Mingo Ku, Director

Address: 4305 Laurel Ridge Circle
Weston, FL 33331

Name and Title: Mingo Ku, Secretary

Address 4305 Laurel Ridge Circle
Weston, FL 33331

Name and Title: _____

Address: _____

Name and Title: Mingo Ku, CFO

Address 4305 Laurel Ridge Circle
Weston, FL 33331

Name and Title: _____

Address: _____

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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: 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

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

7/22/2015
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

7/22/2015
Date