

PLS0000065470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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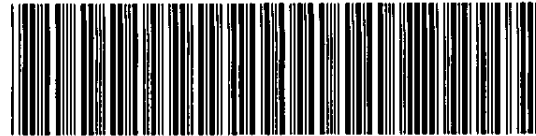
(Business Entity Name)

(Document Number)

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TO ALTHOUSE/CLC
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
AND
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COVER LETTER

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

SUBJECT: MED C A I Corporation
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Edward D. Williams
Name (Printed or typed)

16305 Caliente Place
Address

Tampa, FL 33624
City, State & Zip

(850) 933-6530
Daytime Telephone number

NStepMedicalConsulting@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: MED CAI Corporation

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
16305 Caliente Place
Tampa, FL 33624

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide consulting and
MANAGEMENT SERVICES to HEALTH CARE organizations
utilizing information technology that will advance
The practice of medicine

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDWARD D. WILLIAMS - CEO Name and Title: _____
Address 16305 Caliente Place Address: _____
Tampa, FL 33624

Name and Title: Brenda J. Williams - COO Name and Title: _____
Address 16305 Caliente Place Address: _____
Tampa, FL 33624

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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: EDUARDO D. WILLIAMS

Address: 16305 CALIENTE PLACE

TAMPA, FL 33624

ARTICLE VII INCORPORATOR

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

Name: EDUARDO D. WILLIAMS

Address: 16305 CALIENTE PLACE

TAMPA, FL 33624

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TALLAHASSEE, FLORIDA

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8-5-2015. (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

Eduardo D. Williams
Required Signature/Registered Agent

8-5-2015
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.

Eduardo D. Williams
Required Signature/Incorporator

8-5-2015
Date