

P15000083001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

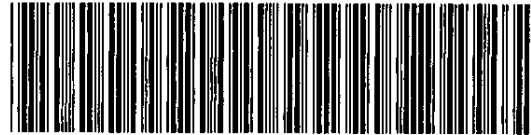
(Document Number)

Certified Copies _____ Certificates of Status _____

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OFFICE OF THE CLERK
STATE OF TEXAS

MD 10/8

COVER LETTER

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

SUBJECT: MEDLIFE 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
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: DANIEL BORGES FERREIRA

Name (Printed or typed)

1350 SW 152nd Place

Address

Miami FL 33194

City, State & Zip

305-798-0889

Daytime Telephone number

danielferreira1987@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2015

DANIEL BORGES FERREIRA
1350 SW 152ND PLACE
MIAMI, FL 33194

SUBJECT: MEDLIFE CORPORATION
Ref. Number: W15000060830

We have received your document for MEDLIFE CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 315A00019546

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: MEDLIFE CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1
1350 SW 152nd PLACE

MIAMI FL 33194

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE CORPORATION MAY ENGAGE IN THE TRANSACTION
OF ANY AND ALL ACTIVITIES PERMITTED UNDER THE LAWS OF FLORIDA AND THE UNITED STATES.

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DANIEL BORGES FERREIRA Name and Title: _____

Address: President / Secretary / Treasurer Address: _____

1350 SW 152 Place

Miami FL 33194

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

15 OCT - 2 AM 10:33
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: DANIEL BORGES FERREIRA

Address: 1350 SW 152nd PLACE

MIAMI, FL 33194

ARTICLE VII INCORPORATOR

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

Name: DANIEL BORGES FERREIRA

Address: 1350 SW 152nd PLACE

MIAMI FL 33194

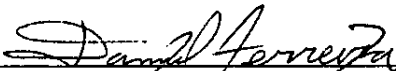
ARTICLE VIII EFFECTIVE DATE:

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

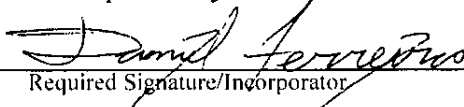


Required Signature/Registered Agent

9-23-2015

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

9-23-2015

Date