

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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From:

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Account Number : 072450003255 : (305)634-3694 Fax Number : (305)633-9696

er the smail Address for this business entity to be wood annual report mailings. Enter only one email address please ** **Enter the email address for this business entity to be used for <u>≭</u>uture ü Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION MEGS INFORMATICS, INC.

Certificate of Status	G
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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: MEGS I	NFORMATICS, INC.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:	1
☐ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM:	an R. Hersh Nam	e (Printed or typed)		
154	1 Brickell Avenue, Suite C-1407			
		Address		
Mia	ani, Fiorida 33129			
**************************************	City, State & Zip			
305	-371-6294			55 TS
	Daytime Telephone number			
bhe	rshlaw(@)atc.ner			15 HOV 12 LEGNICIARY
Andrew States	E-mail address: (to be use	ed for future annual report	notification)	2 PM 2:
	NOTE: Please provide the c	azioinal ann has lanioles	f the articles	

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>LE II — PRIN</u>	CIPAL OFFICE		
	Principal street address	65 W	Mailing address, if different is
	VE	Rockaway, NJ 07866	
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unber of shares of CLE V INITE Name and Til	AL OFFICERS ANIVOR DIRECTO Le: 95 W. Lake Shore Drive Rockaway, NJ 07866	Name and Ti Address.	Salil Kapoor, Secretary the: 95 W. Lake Shore Drive Rockaway, NJ 07866
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Name an	d Tule:	Name and Title:
Address		
ARTICI E VI	REGISTERED AGENT	
The name and F	lorida street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name:	Brian R. Hersh	
Address:	1541 Brickell Avenue, Ste. C-1407	
	Miami, Florida 33129	
ARTICLE VII	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	Aileen Rivero	
Address:	2201 Brickell Avenue, Apr. 38	
	Miami. Florida 33129	
Effective date, if		(OPTIONAL) anot be more than five business days prior or 90 business
Note: If the date the document's a	e inserted in this block does not meet the applie Effective date on the Department of State's reco	able statutory filing requirements, this date will not be listed as eds.
Having been na this certificate, I	med as registered agent to accept service of pro am fumiliar with undfacept the appointment of	icess for the above stated corporation at the place designated in a registered agent and agree to act in this capacity
	19th.	11-11-15
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein	are true. I um aware that the false information submitted in a
	Department of State constitutes a third degree	
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Requ	fired Signature/Incorporator	Date

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