

P15000098580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

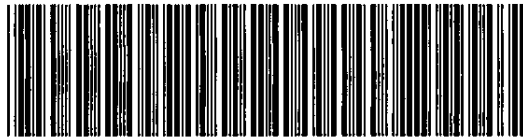
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EFFECTIVE DATE

1-1-16

FILED  
2015 DEC -2 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 11 2015

T BROWN

## COVER LETTER

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

**SUBJECT:** UVAMED 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:** Adrian Fawdington  
Name (Printed or typed)  
1842 North Hampton Drive  
Address  
Davenport, Florida 33897  
City, State & Zip  
1 863 512 5297  
Daytime Telephone number  
adrian@rainbowtrays.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

UVAMED Inc

The name of the corporation shall be: \_\_\_\_\_

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: \_\_\_\_\_

1842 North Hampton Drive

109 Ambersweet Way, Suite 414

Davenport, Florida 33897.

Davenport, Florida 33897

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

Inventing, creating & manufacturing innovative medical solutions of a non pharmaceutical nature.

**EFFECTIVE DATE**

1-1-16

### ARTICLE IV SHARES

1,000

The number of shares of stock is: \_\_\_\_\_

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adrian Fawdington, Vice President

Address: 1842 North Hampton Drive

Davenport

Florida 33897

Name and Title: Veronica Fawdington, Director

Address: 1842 North Hampton Drive

Davenport

Florida 33897.

Name and Title: Keith Fawdington, President

Address: 42 The Widon

Loughborough

Leicestershire Le11 3PE, UK.

Name and Title: Beverley Fawdington, Director.

Address: 42 The Widon

Loughborough

Leicestershire LE11 3PE, UK

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Dennis E Joyce

Address: 705 Wild Oak Lane

Palm Harbor, Florida 34683

**ARTICLE VII INCORPORATOR**

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

Name: Adrian Fawdington

Address: 1842 North Hampton Drive

Davenport, Florida 33897.

**ARTICLE VIII EFFECTIVE DATE:** January 1st 2016

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

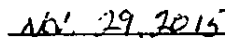
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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



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



Date