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TALLAHASSEE, FLORIDA  
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DEC 11 2015

T CANNON

## COVER LETTER

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

**SUBJECT:** MuchaMed, 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      ☐ \$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:** Diana Mucha  
\_\_\_\_\_  
Name (Printed or typed)

4505 Leslyn Ct  
\_\_\_\_\_  
Address

Orlando, FL 32806  
\_\_\_\_\_  
City, State & Zip

407-850-2489  
\_\_\_\_\_  
Daytime Telephone number

DVVM@aol.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

October 12, 2015

DIANA MUCHA  
4505 LESLYN CT  
ORLANDO, FL 32806 US

SUBJECT: MUCHAMED, INC.  
Ref. Number: W15000067547

RECEIVED  
15 DEC -7 AM 9:55  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for MUCHAMED, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is L15000031539.

Please return 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.

Tina D Cannon  
Regulatory Specialist II

Letter Number: 815A00021561

**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: MuchaMed, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2133 Yellowtail Dr

4505 Leslyn Ct

Marathon, FL 33050

Orlando, FL 32806

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: For all and any activities that relate to the purchase, sale, or resale, of medical devices, supplies, tests, prototypes, trials, surveys, accessories, prosthesis, and similar.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Elise N. Mucha, President

Name and Title: Diana V. Mucha, Secretary/Treasurer

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 DEC -7 PM 2:26

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: Diana Mucha  
Address: 4505 Leslyn Ct  
Orlando, FL 32806

**ARTICLE VII INCORPORATOR**

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

Name: Diana Mucha  
Address: 4505 Leslyn Ct  
Orlando, FL 32806

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TALLAHASSEE, FLORIDA  
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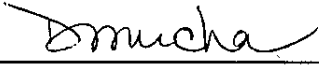
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01 October 2015 (OPTIONAL)

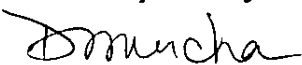
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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*

 30 Sept 2015  
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.*

 30 Sept 2015  
Required Signature/Incorporator Date

05 December 2015

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 DEC -7 PM 2:26

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: MUCHAMED, INC.  
W15000067547

Attn: Tina D Cannon  
Regulatory Specialist II

Letter: 815A00021561

Hello,

I received your letter requesting clarification of an issue. We changed our mind after filing for the LLC and decided the Corporation suited better than an LLC. We will not be using the LLC. We will be using the corporation name.

I hope this helps, and is sufficient to clear up the matter.

Thank you for your time.

Kindest Regards,



Diana Mucha  
4505 Leslyn Ct  
Orlando, FL 32806