

P16000023638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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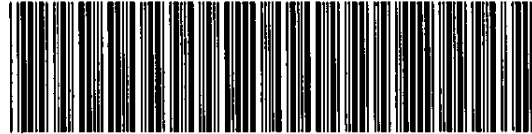
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/22/16--01032--005 **87.50

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16 MAR 15 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W16-15112

MD 3/16

COVER LETTER

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

SUBJECT: MED INTEGRATED HOLDINGS, 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: C&C REVOCABLE TRUST I

Name (Printed or typed)

13650 FIDDLESTICKS BLVD, STE 202-301

Address

FORT MYERS, FL 33912

City, State & Zip

239-850-0917

Daytime Telephone number

medhldgs@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

March 1, 2016

C&C REVOCABLE TRUST I
13650 FIDDLESTICKS BLVD.
STE. 202-301
FORT MYERS, FL 33912

SUBJECT: MED INTEGRATED HOLDINGS, INC.
Ref. Number: W16000015112

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

List the OFFICER TITLES in Article V.

Section 607.0802 or 617.0802, Florida Statutes, requires directors to be natural persons 18 years old or older.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 616A00004255

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 INTEGRATED HOLDINGS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

13650 FIDDLESTICKS BLVD, STE 202-301

FORT MYERS, FL 33912

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MANAGEMENT AND HOLDING COMPANY

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ 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: JOHN CLOUGH, ESQ.

Address: 8985 FONTANA DEL SOL WAY

NAPLES, FL 34109

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ALABAMA, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: C&C REVOCABLE TRUST I

Address: 13650 FIDDLESTICKS BLVD, STE 202-30

FORT MYERS, FL 33912

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/17/2016 (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.

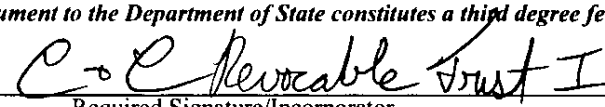
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

2/17/2016
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

2/17/2016
Date