

P16000026/22

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

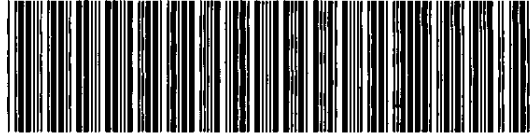
(Document Number)

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Certificates of Status

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16 MAR 15 PM 7:02
MAR 15 2016
MAR 15 2016

MAR 2 2016

S. GILBERT

COVER LETTER

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

SUBJECT: ALL IN ONE MEDICAL 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: Julia Greenberg-Aguilar o/b/o MyUSAcorporation.com

Name (Printed or typed)

1 Radisson Plaza, Suite 800

Address

New Rochelle, NY 10801-5769

City, State & Zip

877-330-2677

Daytime Telephone number

stefan.baustert@allinonemedical.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

The name of the corporation shall be: ALL IN ONE MEDICAL INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: FLORIDA

Enterprise Dr., Four Ashes

Enterprise Dr., Four Ashes

Wolverhampton, United Kingdom, WV10 7DF

Wolverhampton, United Kingdom, WV10 7DF

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Distributing and selling antimicrobial Products.

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tim Carter - President

Name and Title: Anthony Causer - Secretary

Address: Enterprise Dr., Four Ashes

Address: Enterprise Dr., Four Ashes

Wolverhampton, UK, WV10 7DF

Wolverhampton, UK, WV10 7DF

Name and Title: Tim Carter - Vice President

Name and Title: Anthony Causer - Treasurer

Address: Enterprise Dr., Four Ashes

Address: Enterprise Dr., Four Ashes

Wolverhampton, UK, WV10 7DF

Wolverhampton, UK, WV10 7DF

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: Incorp Services, Inc
Address: 17888 67th Court North
Loxahatchee, FL 33470

ARTICLE VII INCORPORATOR

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

Name: MyUSACorporation.com
Address: 1 Radisson Plaza, Suite 800
New Rochelle, NY 10801

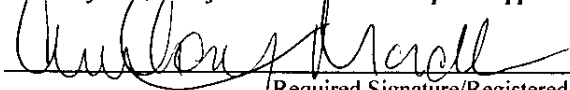
ARTICLE VIII EFFECTIVE DATE:

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

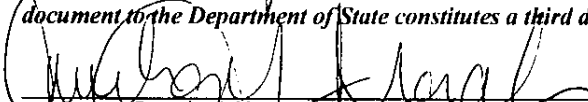


Required Signature/Registered Agent

3/9/14

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

3/9/14

Date

**SPECIAL AND REVOCABLE
LIMITED POWER OF ATTORNEY**

TO ALL PERSONS, be it known, that INCORP SERVICES, INC., a Nevada corporation ("Grantor"), does hereby make and grant a limited and specific power of attorney to Anthony Morales and appoint and constitute said individual as my attorney-in-fact ("Attorney-in-Fact"). This Special and Revocable Limited Power of Attorney hereby revokes any and all former powers of attorney given to Attorney-in-Fact.

Attorney-in-Fact shall have the limited power and authority to undertake, commit and perform only the following acts on Grantor's behalf to the same extent as if Grantor had done so personally, all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of Grantor, for entities which *Selene Enterprises LLC, a Nevada corporation dba MyUSA corporation.com has purchased resident agent service on through their account with Grantor.

TERMINATION: Unless sooner revoked or terminated by Grantor, this Special and Revocable Limited Power of Attorney shall become NULL and VOID from and after December 31, 2016.



Jeff Steffen, Secretary

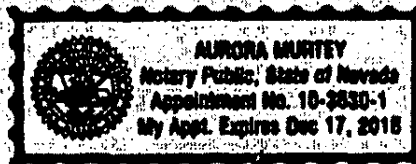
Dated: January 6, 2015

STATE OF NEVADA)
) ss
COUNT OF CLARK)

This Special and Revocable Limited Power of Attorney was acknowledged before me on January 6, 2015, by Jeff Steffen as Secretary of InCorp Services, Inc., a Nevada corporation.



Notary Public in the State of Nevada



My Commission Expires: 12/17/18