

P1600052328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100284865521

100284865521
05/05/16--01018--001--**70.75

16 JUN 10 PM 1:09

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mjm



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2016

HAROLD FREEMAN
7651 SW 103RD PLACE
MIAMI, FL 33173

SUBJECT: INTERNATIONAL MEDICAL GROUP CO.
Ref. Number: W16000034979

We have received your document for INTERNATIONAL MEDICAL GROUP CO. 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 since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is F15000004151.

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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 816A00010033

16 JUN 10 PM 1:10

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
16 JUN 10 PM 10:06
STATE
FLORIDA
TALLAH

COVER LETTER

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

SUBJECT: INTERNATIONAL MEDICAL GROUP CO.
(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: HAROLD FREEMAN
Name (Printed or typed)

7651 SW 103rd PLACE
Address

MIAMI, FL 33173
City, State & Zip

305 431 1803
Daytime Telephone number

hsfcorp@usa.com
E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 10 PM 1:10

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:

MEDCON GROUP CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8724 SUNSET DR #288

MIAMI, FL 33173

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES OF MEDICAL EQUIPMENTS

AND supplies

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Harold Freeman

Address

7651 SW 103 PL

MIAMI, FL 33173

PRESIDENT

Name and Title:

LAURA VASQUEZ

Address:

7651 SW 103 PL

MIAMI, FL 33173

VICE-PRESIDENT

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 10 PM 1:10

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: HAROLD FREEMAN

Address: 7651 SW 103 PL

MIAMI, FL 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HAROLD FREEMAN

Address: 7651 SW 103 PL

MIAMI, FL 33173

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 10 PM 1:10

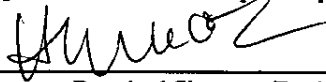
ARTICLE VIII EFFECTIVE DATE:

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

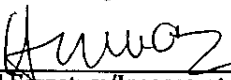


Required Signature/Registered Agent

6/4/2016

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

6/4/2016

Date