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Office Use Only

## $SUNSHINE \ {\tt corporate \ filing \ of \ florida \ inc.}$

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724 SUNSHINECORPORATE2014@GMAIL.COM

Date: 11-16-16
ENTITY NAME:
MEDEQUITY HOLDINGS, INC.
**PLEASE FILE THE ATTACHED AND RETURN:**
Plain Copy
Certified Copy
**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:**  Document Number:  Certified Copy of Arts & Amendments  Certificate of Good Standing
**APOSTILLE'/NOTARIAL CERTIFICATION:**
COUNTRY OF DESTINATION
NUMBER OF CERTIFICATES REQUESTED
TOTAL AMOUNT OWED: 78.75  CHECK NUMBER: 3070  PLEASE CONTACT TINA OR ERIC AT 850-656-4724 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.
Thank you!

## **COVER LETTER**

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

SUBJECT: MedE	quity Holdings, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDĒ SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	dacheck for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status  PY REQUIRED
		e (Printed or typed)	
1	36 Willoughby Drive	Address	<del></del>
		2000	
<u>N</u>	aples FL 34110	State & Zip	
		·	
*	Daytime T	elephone number	
Cla	rkin@lewandowskiandassoc.c	om	
	E-mail address: (to be use		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) The name of the corporation shall be: \_\_\_\_\_ ARTICLE II PRINCIPAL OFFICE Mailing address, if different is Principal street address 136 Willoughby Drive Naples, FL 34110 ARTICLE III PURPOSE The purpose for which the corporation is organized is: \_\_\_\_\_\_ To engage in any lawful act or activity permitted by law. ARTICLE IV SHARES The number of shares of stock is: 200 NPV ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Ronald J. Krawczyk, President Ronald J. Krawczyk, Director Name and Title: 136 Willoughby Drive 136 Willoughby Drive Address \_\_\_\_ Address: Naples, FL 34110 Naples, FL 34110 Name and Title:\_\_\_\_\_\_ Name and Title:\_\_\_\_\_ Address \_\_\_\_\_ Address: Name and Title:\_\_\_\_\_\_\_Name and Title:\_\_\_\_\_\_ \_\_\_\_\_ Address: Address

Name an	d Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT		
he <u>name and F</u> Name:	<u>lorida street address</u> (P.O. Box <b>NOT</b> acc Ronald J. Krawczyk	eptable) of the registered agent is:	
Address:	136 Willoughby Drive		Proggan <sup>a</sup> Harina
tudiess;	Naples, FL 34110	<del></del>	VISC VISC
		****	A00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
RTICLE VII	INCORPORATOR		
he name and ac	ddress of the Incorporator is:		<b>a</b> 3556
Name:	Ronald J. Krawczyk		23
Address:	136 Willoughby Drive		2:15
radioss.	Naples, FL 34110		
RTICLE VIII	EFFECTIVE DATE:		
ffective date, if f an effective d	other than the date of filing:late is listed, the date must be specific a		prior or 90 business
ays after the fil		· · · · · · · · · · · · · · · · · · ·	
	inserted in this block does not meet the a ffective date on the Department of State's	applicable statutory filing requirements, this corrected.	late will not be listed as
		of process for the above stated corporation a tent as registered agent and agree to act in th	
/s/ Ronald	l J. Krawczyk	1	1/15/16
	Required Signature/Registered	Agent	Date
submit this doc ocument to the i	nument and affirm that the facts stated h Department of State constitutes a third de	erein are true. I am aware that the false inj gree felony as provided for in s.817.155, F.S.	formation submitted in a
/s/ Ronald	J. Krawczyk	1	1/151/16
Requi	red Signature/Incorporator		Date