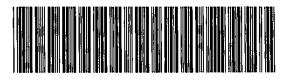
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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

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

| SUBJECT: 305 Med | d, Inc. | | |
|----------------------|--|-------------------------------------|-------------------------|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation and | d a check for: |
| ■ \$70.00 Filing Fee | □ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | & Certificate of Status |
| | | ADDITIONAL COPY REQUIRED | |
| | | | |
| Pau FROM: | ul G. Schlichte, Esq. | | . 1 |
| | Name | e (Printed or typed) | |
| 213 | 4 Hollywood Blvd. | | |
| | · 4 15 | Address | |
| . Hol | lywood, Fl. 33020 | | |
| | City, | State & Zip | |
| (95 | 4)923-4604 | | |
| | Daytime 7 | Celephone number | |
| pscl | nlichte@schlichtelaw.com | | |
| | E-mail address: (to be use | d 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 | 305 Med, Inc. | | FILED |
|---|---|-----------------|-----------------------------------|
| ARTICLE II PRINC | | | 16 DEC 21 AM 8: 27 |
| | Principal street address | Mailing ad | Idress, if different is: 10 14 1E |
| South West Ranches, FI | . 33330 | | A CONTRACTOR |
| . | | | |
| ARTICLE III PURPO The purpose for which the | <u>Any law</u> e corporation is organized is: | ful purpose. | |
| | | | |
| | | | |
| | | | |
| | | | |
| ARTICLE IV SHARE The number of shares of shares | | | |
| Name and Title | Jaha Williams D/D | Name and Title: | |
| Address | 6011 S.W. 136 Ave. | | |
| | South West Ranches, Fl. 33330 | | |
| | | | |
| Name and Title: | | Name and Title: | |
| Address | | Address: | |
| · | South West Ranches, Fl. 33330 | | |
| | | | |
| Name and Title: | | Name and Title: | |
| Address | | Address: | |
| | | | <u>-</u> |

| Name ar | nd Title: | Name and Title: | |
|-----------------------|---|--|---------|
| Addres | s | Address: | |
| | | | |
| | | | |
| | | | |
| | REGISTERED AGENT | | |
| The <u>name and F</u> | Clorida street address (P.O. Box NOT acceptab | le) of the registered agent is: | |
| Name: | Rose Williams | <u></u> | |
| Address: | 6011 S.W. 136 Ave. | <u> </u> | |
| | South West Ranches, Fl. 33330 | | |
| | WGODDOD | | |
| ARTICLE VII | <u>INCORPORATOR</u> | | |
| The <u>name and a</u> | ddress of the Incorporator is: | | |
| Name: | Paul G. Schlichte, Esq. | <u></u> | |
| Address: | 2134 Hollywood Blvd. | | |
| | Hollywood, Fl. 33020 | <u> </u> | |
| | | | |
| | EFFECTIVE DATE: | (OPTIONAL) | |
| (If an effective | f other than the date of filing: | (OPTIONAL) annot be more than five days prior or 90 days after the | |
| filing.) | • | • • • • • | |
| Note: If the dat | e inserted in this block does not meet the applie | cable statutory filing requirements, this date will not be list | ed as |
| the document's | effective date on the Department of State's reco | ords. | |
| Uavina kaon no | armed as magistaned against to account semilor of the | ocess for the above stated corporation at the place design | atad is |
| | | as registered agent and agree to act in this capacity | 41E4 11 |
| \mathcal{C} | 2 10700 | December 6, 2016 | |
| | Required Signature/Registered Agen | Date | |
| I submit this do | | a are true. I am aware that the false information submitte | ed in i |
| | Department of State constitutes a third degree | | |
| | | December 6, 2016 | |
| Requ | uired Signature/Incorporator | Date | |