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V HERRING
JAN 31 2017

COVER LETTER

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

SUBJECT:	Xanadu Medical Investment Development Group Corporation						
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)							
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	i a check for:				
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED				
FROM:	James Riley Ho	ooker e (Printed or typed)					
	16533 SW 98tl	1 Terrace					
		Address	· · · · · · · · · · · · · · · · · · ·				
	Miami, FL 33						
-	City,	State & Zip					
	(786) 600-5779)					
	Daytime T	elephone number					
	jimhooker@ne	tbusiness.com					
	E-mail address: (to be use	d for future annual report i	notification)				

NOTE: Please provide the original and one copy of the articles.

January 10, 2017

Valerie Herring Department of State Florida Department of Corporations

Dear Ms. Herring:

Please dissolve "Xanadu Medicai Investment Development Group, LLC", L1500055286. We wish to dissolve "Xanadu Medicai Investment Development Group, LLC" and open "Xanadu Medicai Investment Development Group Corporation".

Thank you in advance for your assistance in this matter.

/ "\\`

James Riley Hooker

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpora	Xanadu Medical Investment D	evelopment Grou	p Corporation	
ARTICLE II PRINC	Principal street address	I	Mailing address, if different is:	
. 16533 SW 98th	Теттасе			
Miami, FL 331	96			
• •	he corporation is organized is:			
To fund, promote, deve	lop, build, and manage medical teams, clinic	cs, research center	rs, and educational programs globally	
specializing in but not l	imited to: Stem Cell and Gene Therapy, Fib	roblasts, Reversin	g Cancer, ALS, Multiple Sclerosis,	
Muscular Dystrophy, A	Izheimer's, Paralysis, Brain Comas, Reverse	Aging, and Alter	native Medicine.	
			. (2	

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			2 P	
ARTICLE IV SHAR. The number of shares of			PN 2: 2	
ARTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS		0 ×	
Name and Title	James Riley Hooker - Chairman & CEO	Name and Title	Odalys Hooker - Secretary	
Address	16533 SW 98th Terrace	Address:	16533 SW 98th Terrace	
	Miami, FL 33196	_	Miami, FL 33196	
		_		
Name and Title	Robert Carol Lewis -Vice Chairman	Name and Title	Tiffany Lewis - Secretary	
Address	and Chief Operating Officer	Address:	1132 Heritage Greens Drive	
	1132 Heritage Greens Drive	Wake Forest, NC 27587		
	Wake Forest, NC 27587	_		
Name and Title	Mac Robinson III - Director of	_ Name and Title	Tyrone Thurston - Director of	
Address	Field Operations	Address: Government Affairs Royal Palm Way, Viceroy House # 109		
	9299 Sibcy RD			
	Maineville, OH 45039	_	Freeport, Grand Bahama, Bahamas	

FILED

Name ar	nd Title:	Name and Title	e: 2017 JAN 27	PM 2: 20
Address	s	Address:	TALL AHASSE	HE STAFE E. FLORIÐA
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered as	pent is:	
Name:	James Riley Hooker	, v	9-	
Address:	16533 SW 98th Terrace	_ _		
	Miami, FL 33196			
ARTICLE VII	<u>INCORPORATOR</u>			
The name and a	ddress of the Incorporator is:	i		
Name:	JAMES Riley He	roller		
Address:	JAMES Riley He 16533 SW 98K			-
	Miami, FC 33	<u>31</u> 96		
Effective date, if	EFFECTIVE DATE: 1/15/2017 Tother than the date of filing: date is listed, the date must be specific and can		OPTIONAL) five days prior or	90 days after the
	e inserted in this block does not meet the applicable effective date on the Department of State's record		equirements, this d	late will not be listed as
	med as registered agent to accept service of proc um familiar with and accept the appointment as			
	and K. On Hola		1/1	5/2017
7	Required Signature/Registered Agent			Date
I submit this do	cument and affirm that the facts stated herein a Department of State constitutes a fhird degree fei	re true. I am awai ony as provided foi	re that the false in r in s.817.155. F.S.	formation submitted in a
	mos Kulen Horsh			/15/2017
// Kequ	ired Signature/Incorporator		•	/ Date