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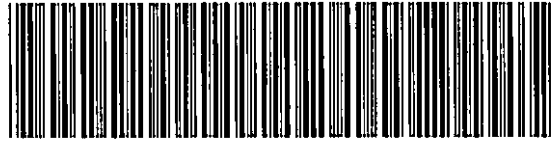
(Business Entity Name)

(Document Number)

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2018 JUN 29 PM 6:41
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TALLAHASSEE, FLORIDA

K. PAGE
JUN 08 2018

COVER LETTER

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

SUBJECT: Fantastic Wound Care, 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
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 Status
ADDITIONAL COPY REQUIRED

FROM: Joseph C. Kempe, Esq.

Name (Printed or typed)

Joseph C. Kempe, PA, 941 N. Highway A1A

Address

Jupiter, FL 33477

City, State & Zip

(561) 747-7300

Daytime Telephone number

joekempe@jckempe.com

E-mail address: (to be used for future annual report notification)

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

JOHN L. AVERY, JR., CHARTERED
ALEX J. FONTAINE, P.A.
CONNER R. KEMPE, ESQ.
JOSEPH C. KEMPE, ESQ.
MELISSA D. LAZARCHICK, ESQ.
MARNIE R. PONCY, ESQ.
DAVID C. TASSELL, P.A.
CHARLES R. L. WHITE, CHARTERED

"LL.M. in Tax Law"
"BOARD CERTIFIED IN TAX LAW"
"BOARD CERTIFIED IN ELLS, TRUSTS AND ESTATES"
"ALSO ADMITTED IN N.C."
"ALSO ADMITTED IN N.Y."
"REGISTERED NURSE"

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WWW.JCKEMPE.COM

ADMINISTRATION
ESTHER GARDER, TAMI C. KEMPE,
SANDRA JARRISH

FACSIMILE TRANSMITTAL SHEET

TO: DIVISION OF CORPORATIONS
ATTN: CARLOS

FROM:
Tracy M. Costanzo, CLA

COMPANY: SECRETARY OF STATE

DATE: JUNE 29, 2013

FAX NUMBER: (850) 245-6804

TOTAL NO. OF PAGES INCLUDING COVER:
2

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:
2461.611

RE: AUTHORIZATION FOR USE OF NAME

YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS: PLEASE SEE THE ATTACHED INFORMATION.

RECEIVED
2018 JUN 29 PM 2:05
CORPORATIONS
COMMERCIAL
INFORMATION SERVICES

Olayemi Osiyemi, Trustee
Olayemi Osiyemi Declaration of Trust u/s/d September 2, 2011, as amended
7655 Woodsmuir Drive
West Palm Beach, FL 33412
(561) 602-9988

June 25, 2018

VIA FEDERAL EXPRESS

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Cir.
Tallahassee, FL 32301

Re: Fantastic Wound Care, LLC / Fantastic Wound Care, Inc.
Our File No. 2461.611

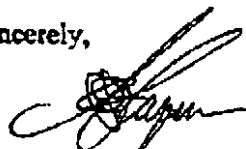
Dear Sir or Madam:

As the sole member of Fantastic Wound Care, LLC, I have filed the Articles of Dissolution for this limited liability company, the original of which is enclosed with this correspondence.

I hereby authorize the Secretary of State to use the name for formation of Fantastic Wound Care, Inc., as I will be a shareholder of the new corporation. The original Articles of Incorporation are also enclosed herewith for filing.

Should you have any questions regarding this matter, please contact me at your convenience.

Sincerely,



Olayemi Osiyemi, Trustee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JUN 29 PM 6:41

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

ARTICLE I NAME

Fantastic Wound Care, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2580 Metrocentre Blvd., Suite 6

2580 Metrocentre Blvd. Suite 5

West Palm Beach, FL 33407

West Palm Beach, FL 33407

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____ any and all lawful purpose.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Olayemi Osiyemi, Director

Name and Title: Mario Dickerson, Director

Address 2580 Metrocentre Blvd., Suite 6

Address: 5201 Village Blvd., Suite B

West Palm Beach, FL 33407

West Palm Beach, FL 33407

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Joseph C. Kempe, Esq.
Address: 941 N. Highway A1A
Jupiter, FL 33477

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Joseph C. Kempe, Esq.
Address: 941 N. Highway A1A
Jupiter, FL 33477

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 days prior or 90 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
06/20/18
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
06/20/18
Date