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| (Re | equestor's Name) | | |
|-------------------------|--------------------|-------------|--|
| (Ad | idress) | | |
| (Ad | ddress) | | |
| (Ci | ty/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | usiness Entity Nam | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to | Filing Officer: | | |
| | | | |
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Office Use Only

M. MOON SEP 0 5 2018



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COVER LETTER

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

SUBJECT: MEDIFIELD STAFFING INC

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

| Certificate of Domestication | \$ 50.00 | |
|--|---|---------------------------------|
| Articles of Incorporation and Ce Total to domesticate and file | ertified Copy <u>\$_78.00</u> \$12 800 | A (18 € (18 € |
| rotar to domesticate and me | 312 01 0 | 18 AUG 30 Secreta Nervers |
| OPTIONAL: | |) > |
| Certificate of Status | \$ 8.75 - N/A \$7 | , 2: 2: |
| AXIOM BUSINESS | S CONSULTING LLC | , DE |
| | Name (printed or typed) | |
| 13234 TELECO | M DR | |
| | Address | |
| TAMPA, FL 336 | 37 | |
| | City, State & Zip | |
| 813-395-0089 | | |
| D | aytime Telephone Number | |
| SJCPA@AXIOMBUSIN | ESSCONSULTING.COM | |
| E-mail address: (to | be used for future annual report notific | ation) |

CERTIFICATE OF DOMESTICATION

| The undersigned. NEELAM PATEL | PRESIDENT | | |
|---|-----------------------------------|-----------------------------|--|
| (Name) | (Title) | | |
| of MEDIFIELD STAFFING INC | a fo | oreign corporation. | |
| (Corporation Name) in accordance with s. 607.1801. Florida Statutes, do | oes hereby certify: | | |
| 1. The date on which corporation was first formed | was APRIL 04 | 2010 | |
| 2. The jurisdiction where the above named corpora came into being was DELAWARE | ation was first formed, incorpo | rated, or otherwise | |
| 3. The name of the corporation immediately prior was MEDIFIELD STAFFING INC | to the filing of this Certificate | of Domestication . | |
| 4. The name of the corporation, as set forth in its a s. 607.0202 and 607.0401 with this certificate is | | | |
| 5. The jurisdiction that constituted the seat, siege s administration of the corporation, or any other e immediately before the filing of the Certificate of DELAWARE | equivalent jurisdiction under ap | | |
| Attached are Florida articles of incorporation to to s. 607.1801. Bram PRESIDENT of MEDIFIELD STATE | · | equirements pursuant | |
| | | | |
| and am authorized to sign this Certificate of Domes so this the 11TH day of AUGUST | stication on behalf of the corpo | ration and have done . 2018 | |
| / Nelw Helb (Authorized | U d Signature) | 18 AUG 30 FH 2: 04 | |

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

MEDIFIELD STAFFING INC

| THE PRINCIPAL PLACE OF BUSINESS/MAILING A Principal Address | Mailing Address | | |
|---|--|--|--|
| 2341 BARTOLO DR | 2341 BARTOLO DR | | |
| LAND O LAKES. FL 34639 | LAND O LAKES, FL 34639 | | |
| | | | |
| ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION | IS ORGANIZED: | | |
| ANY LAWFUL BUSINESS | No OKOM Major | | |
| | | | |
| | 7ALL | | |
| | 18 AUG 30 | | |
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| | MUG 30 PH 2: | | |

| ARTICLE IV | SHARES | 100 | |
|-------------------|------------------|-----|------|
| THE NUMBER OF SHA | ARES OF STOCK IS | : | |

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: Title/Name Title/Name PRESIDENT / NEELAM PATEL 2341 BARTOLO DRIVE LAND O LAKES, FL 34639 Title/Name Title/Name Title/Name Title/Name Title/Name Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS: AXIOM BUSINESS CONSULTING LLC 13234 TELECOM DR TAMPA, FL 33637 ARTICLE VII INCORPORATOR THE NAME AND ADDRESS OF THE INCORPORATOR IS: **NEELAM PATEL** 2341 BARTOLO DR LAND O LAKES, FL 34639 ************************************ HAVING BEEN NAMED AS REGISTERED AGENT AND 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. Signature/Registered Agent