

Florida Department of State
Division of Corporations
Annual Filing Cover Sheet
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Division of Corporations
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MICHAEL@MC-TAX.NET

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**FLORIDA PROFIT/NON PROFIT CORPORATION
MED-REST CONSULTING SERVICES INC**

Certificate of Status	1
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Page Count	04
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SECRETARY OF STATE
TALLAHASSEE, FL

2018 SEP 10 PM 4:27

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H18000263724 3

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MED-REST CONSULTING SERVICES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**6504 SOLITAIRE PALM WAY
APOLLO BEACH, FL 33572**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

200 Shares at no par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**BELLO KNOBLICH
6504 SOLITAIRE PALM WAY
APOLLO BEACH, FLORIDA 33572**

Prepared By:

Bruce B. Hubbard

238 W. Jericho Turnpike
Huntington Sta., NY 11746
1-516-935-3940

H18000263724 3

H18000263724 3

ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

BELLO KNOBLICH- PRESIDENT/DIRECTOR
6504 SOLITAIRE PALM WAY
APOLLO BEACH, FL 33572

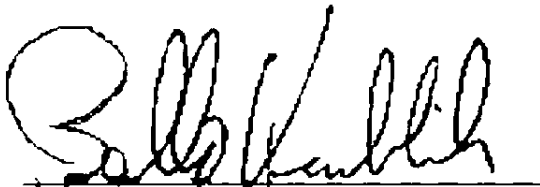
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

BELLO KNOBLICH
6504 SOLITAIRE PALM WAY, APOLLO BEACH, FL 33572

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

10TH day of SEPTEMBER 20 18

A handwritten signature in black ink, appearing to read 'Bello Knoblich', is written over a horizontal line.

BELLO KNOBLICH
Signature

H18000263724 3

H18000263724 3

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE ST ATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNA TING THE
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **MED-REST CONSULTING SERVICES INC**

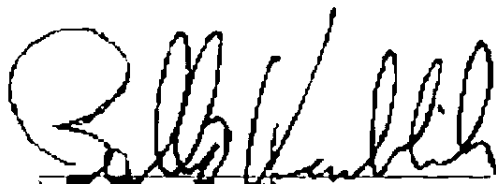
2. The name and address of the registered agent and office is:

BELLO KNOBLICH
Name

6504 SOLITAIRE PALM WAY
(P.O. Box or Mail Drop Box NOT Acceptable)

APOLLO BEACH, FLORIDA 33572
(City / State / Zip)

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


BELLO KNOBLICH
SIGNATURE

9/10/2018
(Date)

H18000263724 3