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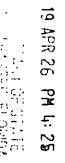
(Re	equestor's Name)			
(Address)				
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(Cil	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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COVER LETTER

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

SUBJECT: ROGUE	EFIVE, INC.		
3003ECT	(PROPOSED CORPORA	VTE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation an	d a check for:
□ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
Ste	phen C. L. Chong		
FROM:	Nam	e (Printed or typed)	
225	E. Robinson Street, Suite 600		
		Address	
Orl	ando, Florida 32801		
	City	, State & Zip	_
407	-425-9044		
	Daytime '	l'elephone number	
sch	ong@mateerharbert.com		
	E-mail address: (to be use	ed for future annual report	notification)

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

ARTICLES OF INCORPORATION OF ROGUE FIVE, INC.

ARTICLE I - NAME

The name of the corporation is ROGUE FIVE, INC. (hereinafter called the "Corporation").

ARTICLE II - PRINCIPAL AND MAILING ADDRESS

The address of the principal office and mailing address of the Corporation is:

312 Mormanno Way Kissimmee, FL 34758

ARTICLE III - PURPOSE

The purpose for which the Corporation is organized is to operate a medical diagnostic and health center and to transact any other lawful business.

ARTICLE IV - CAPITAL STOCK

The total number of shares of capital stock which the Corporation is authorized to issue is One Thousand (1,000) shares of common stock having no par value.

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Corporation's initial registered office and the name of its initial registered agent at such office is:

Stephen C. L. Chong, Esquire Mateer & Harbert, P.A. 225 East Robinson Street Suite 600 Orlando, FL 32801

ARTICLE VI - INITIAL DIRECTOR

The Corporation initially shall have three (3) directors, whose names and addresses are:

Maria Mitchell
312 Mormanno Way
Kissimmee, FL 34758

Monique Mitchell
312 Mormanno Way
Kissimmee, FL 34758

Carl Mitchell 312 Mormanno Way Kissimmee, FL 34758

ARTICLE VII - INITIAL OFFICER

The name, address and title of each initial officer of the Corporation is:

Maria Mitchell - President 312 Mormanno Way Kissimmee, FL 34758 Carl Mitchell - Vice President 312 Mormanno Way Kissimmee, FL 34758

Monique Mitchell – Vice President, Secretary 312 Mormanno Way Kissimmee, FL 34758

ARTICLE VIII - INCORPORATOR

The name and address of the Incorporator is:

Maria Mitchell 312 Mormanno Way Kissimmee, FL 34758

IN WITNESS WHEREOF, the undersigned, being the Incorporator named above, for the purpose of forming a corporation pursuant to the Florida Business Corporation Act of the State of Florida has signed these Articles of Incorporation and made them effective as of the date of filing the same with the Florida Secretary of State, Division of Corporations and hereby submits these Articles of Incorporation and affirms 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.

Maria Mychell, Incorporator

CERTIFICATE OF ACCEPTANCE BY

REGISTERED AGENT

Pursuant to the provisions of Section 607.0501 of the Florida Business Corporation Act, the undersigned submits the following statement in accepting the designation as registered agent and registered office of ROGUE FIVE, INC., a Florida corporation (the "Corporation"), in the Corporation's articles of incorporation:

Having been named as registered agent and to accept service of process for the Corporation at the registered office designated in the Corporation's articles of incorporation, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of her duties, and the undersigned is familiar with and accepts the obligations of her position as registered agent.

IN WITNESS WHEREOF, the undersigned has executed this Certificate this 25 day of April, 2019.

Stephen C.L. Chong 4830-8540-9685, v. 1

COVER LETTER

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

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SOBJECT.	(PROPOSED CORPORA	TE NAME - MUST INCL	<u>UDE SUFFIX</u>)
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FROM:	phen C. L. Chong Nam	e (Printed or typed)	J
225	E. Robinson Street, Suite 600		
		Address	
Orl	ando, Florida 32801		
	City	. State & Zip	
407	7-425-9044		
	Daytime	l'elephone number	
sch	ong@mateerharbert.com		
	E-mail address: (to be use	ed for future annual report	notification)

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

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Kissimmee, FL 34758

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