

1/13/2020

Division of Corporations

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 Florida Department of State
 Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
 MEDICINE OF TOMORROW RESEARCH CENTER INC**

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Handwritten signature and date: 1/14/20

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: MEDICINE OF TOMORROW RESEARCH CENTER INC**ARTICLE II PRINCIPAL OFFICE**Principal street address:

Mailing address, if different is:

136 GARDENIA STTAVERNIER, FL 33070**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: LUIS GERARDO MARTINEZ (MD) (P) Name and Title: _____Address: 136 GARDENIA ST. Address: _____
TAVERNIER, FL 33070

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LUIS GERARDO MARTINEZ
Address: 136 GARDENIA ST
TAVERNIER, FL 33070

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: LUIS GERARDO MARTINEZ
Address: 136 GARDENIA ST
TAVERNIER, FL 33070

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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

01/06/2020

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

01/06/2020

Date