3052201440

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000059061 3)))



H200000590613ABCX

Note: DO	NOT hit the REFRESH/RELOAD button on your browser from to Doing so will generate another cover sheet.	his page	e.	
,	Doing so will generate another cover sneet.	ين كختر	202	
To:		1 - 11	33.0	_
	Division of Corporations		믕	
	Fax Number : (850)617-6381	SSS	25	1
From:		•••	Р	į
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	••	-0	:
	Account Number : I20000000019	7.7	بب	
	Phone : (305)552-5973	-	<u>-</u>	
	Fax Number : (305)675-5944		00	
*Enter :	the email address for this business entity to be used for fought report mailings. Enter only one email address please.**	uture •	2020 FEB	7
			Ö	ć
Ema	il Address:	-	25	
· · · · · · · · · · · · · · · · · · ·			2	
_		- 4		

FLORIDA PROFIT/NON PROFIT CORPORATION MEDEXPRESS GROUP, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

MedExpress Group, Inc		
Wedcxpress Group, Inc		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is: 228 Plaza Dr. Unit # C		
Lehigh Acres, FL, 33936		
ARTICLE III SHARES: The number of shares of stock is:	2020	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	FEB 2	
Kenia Martinez Ortega (P)	25 PH	
	3: 4:	J
	æ	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		
The name and Florida street address (PO Box not acceptable) of the registered agent is:		
Kenia Martínez Ortega		
228 Plaza Dr. Unit # C		
Lehigh Acres, FL, 33936		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
Kenia Martínez Ortega		
228 Plaza Dr. Unit # C		

Lehigh Acres, FL, 33936

Required Signatures:

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

2/21/20

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.

2/21/20