

file original
date 4-22-20

P20000030486

Florida Department of State
Division of Corporations
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.

((H20000118332 3))



H200001183323ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : 120000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

2020 APR 22 AM 11:16

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION
TRUE MEDICAL INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

N CULLIGAN

APR 22 2020

FILED

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

2020 APR 22 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I NAME

The name of the corporation shall be: TRUE MEDICAL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

500 NE SPANISH RIVER BLVD

SUITE 101A

BOCA RATON, FL 33431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DONNIE BRAWLEY, PSTD

Name and Title: _____

Address 3042 CARDINAL DRIVE

Address: _____

DELRAY BEACH, FL 33444

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

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

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DONNIE BRAWLEY
Address: 500 NE SPANISH RIVER BLVD, SUITE 101A
BOCA RATON, FL 33431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DONNIE BRAWLEY
Address: 500 NE SPANISH RIVER BLVD, SUITE 101A
BOCA RATON, FL 33431

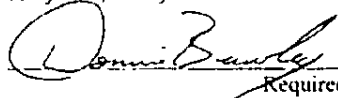
ARTICLE VIII EFFECTIVE DATE:

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

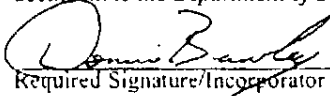


Required Signature/Registered Agent

4/17/2020

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

4/17/2020

Date

FILED
2020 APR 22 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FL