## **Division of Corporations Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

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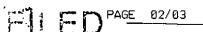
## FLORIDA PROFIT/NON PROFIT CORPORATION MEDICTRANS, INC,

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

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## ARTICLES OF INCORPORATION CRETARY OF STATE In compliance with Chapter 607 (Profit) TALLAHASSEE, FL

ARTICLE I NAME: The name of the corporation is

The name of the corporation is:
MEDICTRANS, INC.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
11001 Sw 226th Ter MiAmi
Flouida 33170
·
ARTICLE III SHARES: The number of shares of stock is: / O O
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Julio Cesar Guerrero Vienes
PRESIDENT
ARTICLE V INITIAL REGISTERED AGENT AND STREET AT DRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
JULIO CESAR GUERRERO VIENES
11001 SW 276th TER
MIAMI FL 33170
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
JULIO CESAR GUERRERO VIENES
11001 SW 226th TER
MIAMI FL 33170

## 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

Registered Agent 05-28-2020

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.

Incorporator

Dite

SECRETARY OF STATE