

P20000068405

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (917) 243-5843

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

MDECTG CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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SEP 03 2020



September 2, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLUMBERG

SUBJECT: MDE CORPORATION
REF: W20000099482

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document number of the name conflict is P20000021099.

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Derrick Thompson
Regulatory Specialist II
New Filing Section

FAX Aud. #: H20000304020
Letter Number: 520A00016865

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: MDECTG Corporation**ARTICLE II PRINCIPAL OFFICE**Principal street address100 NE 6th St #506Boynton Beach, FL 33435

Mailing address, if different is:

100 NE 6th St #506Boynton Beach, FL 33435**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to engage in any lawful act or activity for
which corporations may be organized.**ARTICLE IV SHARES**The number of shares of stock is: 7**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Rainiero Ruoda-PRESIDENTAddress: 100 NE 6th St #506Boynton Beach, FL 33435

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Rainiero Rueda

Address: 100 NE 6th St #506

Boynton Beach, FL 33435

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Rainiero Rueda

Address: 100 NE 6th St #506

Boynton Beach, FL 33435

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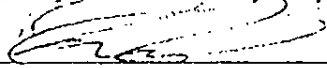
TALLAHASSEE, FLORIDA

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 business days prior or 90 business 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.*

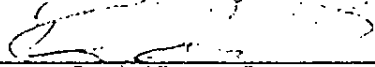


Required Signature/Registered Agent

9/1/20

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

9/1/20

Date