

Florida Department of State  
Division of Corporations  
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**P200007163**

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

**\*\*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  
MARKOL INC.**

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

OCT 06 2020

T. SCOTT

2020 OCT -5 AM 10:22

FILED

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

**ARTICLE I NAME**The name of the corporation shall be: MARKOL Inc.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1395 Brickell Ave, Ste 200  
Miami, FL 33131

Mailing address, if different is:

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: procurement and distribution  
of medical supplies**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Marlon Beckford, co-CEO</u>	Name and Title:	<u>Bankole Johnson, co-CEO</u>
Address	<u>225 Parkside Ave, 2J</u> <u>Brooklyn, NY 11226</u>	Address:	<u>1395 Brickell Ave, Ste 200</u> <u>Miami, FL 33131</u>

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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: AXS Law Group PLLC  
Address: 2121 NW 2nd Ave, Ste 201  
Miami, FL 33127

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Lauren Forenza  
Address: 2121 NW 2nd Ave, Ste 201  
Miami, FL 33127

**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*

[Signature]  
Required Signature/Registered Agent

10/5/20  
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.*

[Signature]  
Required Signature/Incorporator

10/5/20  
Date