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# FLORIDA PROFIT/NON PROFIT CORPORATION **MED-STORAGE TAMPA INC**

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#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

#### **MED-STORAGE TAMPA INC**

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6504 SOLITAIRE PALM WAY APOLLO BEACH, FL 33572

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

200 SHARES AT NO PAR VALUE

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MATUS KNOBLICH 6504 SOLITAIRE PALM WAY APOLLO BEACH, FL 33572

Prepared By: Bruce B. Hubbard 238 W. Jericho Tumpike Huntington Sta., NY 11746 1-516-935-3940

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#### ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

14154847068

# MATUS KNOBLICH - PRESIDENT / DIRECTOR 6504 SOLITAIRE PALM WAY, APOLLO BEACH, FL 33572

### ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MATUS KNOBLICH 6504 SOLITAIRE PALM WAY, APOLLO BEACH, FL 33572

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

5TH day of FEBRUARY 20 21

MATUS KNOBLICH

Signature

14154847068

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: MED-STORAGE TAMPA INC	
2. The name and address of the registered agent and office is:	2921 FE
	ස   
MATUS KNOBLICH Name	
6504 SOLITAIRE PALM WAY	
(P.O. Box or Mail Drop Box NO	
APOLLO BEACH, FL 33572	
(City / State / Zip)	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

**FEBRUARY 5, 2021** 

(Date)

SIGNATURE