

**Florida Department of State**  
**P2100015125834169**

**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.**

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

4/16/21  
*[Signature]*

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

From:  
 Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
 Account Number : I20000000019  
 Phone : (305)552-5973  
 Fax Number : (305)675-5944

**\*\*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**  
**MODERN WAY MED CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

NOTED  
 2021 APR 15 PM 4:36  
 SPECIAL SERVICES

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

**Modern Way Med Corp.**

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

**1329 St. Tropez Cir. Apt 504**

**Weston, FL 33326**

**ARTICLE III SHARES:** The number of shares of stock is: **100**

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

**Caleb Espinoza -- President**

**1329 St. Tropez Cir. Apt 504**

**Weston, FL 33326**

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

**Caleb Espinoza**

**1329 St. Tropez Cir. Apt 504**

**Weston, FL 33326**

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

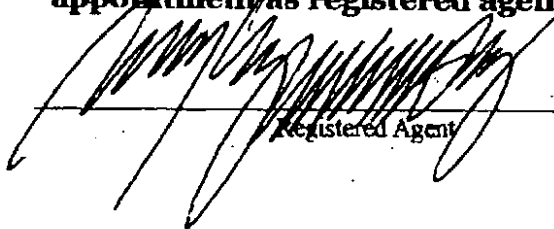
**Caleb Espinoza**

**1329 St. Tropez Cir. Apt 504**

**Weston, FL 33326**

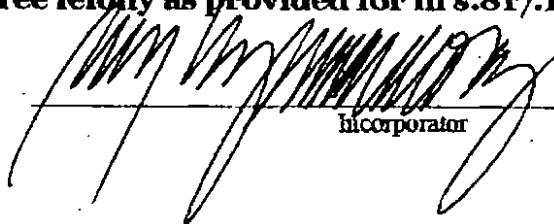
**Required Signatures:**

**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

4-13-21  
\_\_\_\_\_  
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.**

  
\_\_\_\_\_  
Incorporator

4-13-21  
\_\_\_\_\_  
Date