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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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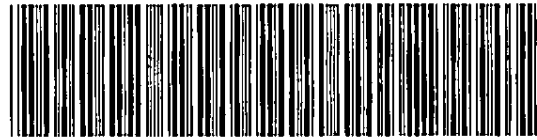
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF STATE  
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## COVER LETTER

Department of State  
Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: EKG INSIGHTS, INC.

CORPORATE NAME

Enclosed are an original and one (1) copy of the restated articles of incorporation and a check for:

☒ \$35.00      ☐ \$43.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$43.75      ☐ \$52.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Robert Presley  
Name (Printed or typed)

5 Harvard Circle, Suite 109  
Address

West Palm Beach, FL 33409  
City, State & Zip

561-623-8300  
Daytime Telephone number

rpresley@plaa-pa.com  
E-mail address: (to be used for future annual report notification)

## RESTATED ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation is: EKG INSIGHTS, INC.

### ARTICLE II RESTATED ARTICLES

The text of the Restated Articles is as follows: \_\_\_\_\_

#### A. Principal Office

The principal place of business/mailing address is: \_\_\_\_\_

Principal Street Address

5 Harvard Circle, Suite 109

West Palm Beach, FL 33409

#### B. Purpose

The purpose for which the corporation is organized is any lawful purpose.

#### C. Shares

The number of shares of stock is 100,000,000 Common and 12,000,000 preferred.

#### D. Officers and/or Directors

Name and Title: Michael Presley, President

Address: 5 Harvard Circle, Suite 109

West Palm Beach, FL 33409

Name and Title: Carlos Sandi, Vice President

Address: 5 Harvard Circle, Suite 109

West Palm Beach, FL 33409

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JAN 16 - 5 PM 3:14  
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TALLAHASSEE, FL

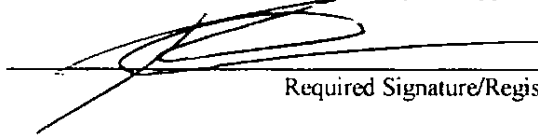


**ARTICLE IV AMENDED REGISTERED AGENT (OPTIONAL)**

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Robert Presley  
Address: 5 Harvard Circle, Suite 109  
West Palm Beach, FL 33409

*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

08/03/2021

\_\_\_\_\_  
Date

**ARTICLE VI ARTICLE CONSOLIDATION**

These restated articles of incorporation consolidate all amendments into a single document;

**ARTICLE VII REQUIRED ADOPTION INFORMATION**

Check if applicable:

- ☒ The amendment(s) is/are being filed pursuant to s. 607.0120(11)F, F.S.

The date of each amendment(s) adoption is: \_\_\_\_\_  
if other than the date this document is signed.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the incorporators, or board of director without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the shareholders. Then number of votes cast for the amendment(s) by the shareholder was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting group. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s).*

“The number of votes cast for the amendment was/were sufficient for approval by

\_\_\_\_\_  
(voting group)

**ARTICLE VIII EFFECTIVE DATE:** 08/03/2021

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 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.

*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.*

Dated: 08/03/2021

Signature: \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee or other court appointed fiduciary by that fiduciary)

Michael R. Presley

\_\_\_\_\_  
(Typed or printed name of person signing)

President