

6/21

P21000074644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

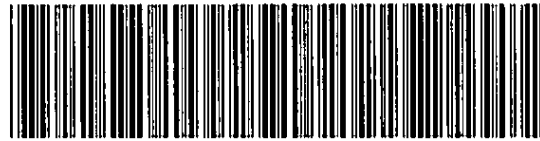
(Document Number)

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

Special Instructions to Filing Officer:

W2000053237 Name NA

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FILED  
2021 JUN 21 14:10:00

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

SUBJECT: Medical Essentials, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Leslie Bravo

Name (Printed or typed)

1021 Fairfax Cir W.

Address

Boynton Beach, FL 33436

City, State & Zip

954-297-9802

Daytime Telephone number

legal@cwiconsulting.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION**

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

**ARTICLE I NAME**

The name of the benefit corporation shall be: Medical Essentials, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1021 Fairfax Cir W, Boynton Beach, FL 33436

Mailing address, if different is:

**ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE**

The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:

to provide Health and Wellness products and services while alleviating the burdens on Local and State Governments.

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

Any future public benefit as decided by the Board of Directors pursuant to 607.606, F.S.

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)**

Name and Title: Leslie Bravo, President

Name and Title: Gabriel Lobaton, Treasurer

Address: 1021 Fairfax Cir W  
Boynton Beach FL 33436

Address: 1021 Fairfax Cir W  
Boynton Beach FL 33436

Name and Title: Amanda Lobaton, Secretary

Name and Title: Alejandra Melo-Crane, Vice-President

Address: 1021 Fairfax Cir W  
Boynton Beach FL 33436

Address: 1471 Abbott Lane, Sebastian FL 32958

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

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

If applicable, BENEFIT DIRECTOR:

Name: Alejandra Melo-Crane

Address: 1471 Abbott Lane, Sebastian FL 32958

If applicable, BENEFIT OFFICER:

Name: Leslie Bravo

Address: 1021 Fairfax Cir W

Boynton Beach FL 33436

**ARTICLE VI REGISTERED AGENT**

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

Name: Amanda Lobaton

Address: 1021 Fairfax Cir W

Boynton Beach FL 33436

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Leslie Bravo

Address: 1021 Fairfax Cir W

Boynton Beach FL 33436

**ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:**

Those provided by 607.608, F.S.

*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*

Amanda Lobaton *Amanda Lobaton* *Amanda S.*

03/02/2021

Required Signature/Registered Agent

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.*

Leslie Bravo *Leslie Bravo*

03/02/2021

Required Signature/Incorporator

Date

Florida  
June, 21, 2021

Dear SunBiz and IRS,

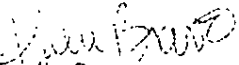
My name is Leslie Bravo; I am the owner of Medical Essentials LLC with document number L2000053237

I would like to form the following company: Medical Essentials Inc. with document number W21000053237

Please shall you have any questions feel free to reach out to me directly to contact information below.

Thank you kindly for your time, attention and consideration!

Best regards,

  
Leslie Bravo  
954-297-9802

2021 JUN 21 11:00:00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 3, 2021

LESLIE BRAVO  
1021 FAIRFAX CIR W  
BOYNTON BEACH, FL 33436

SUBJECT: MEDICAL ESSENTIALS, INC.  
Ref. Number: W21000053237

2021 MAY 18 AM 8:57  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

We have received your document for MEDICAL ESSENTIALS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

James G Harris  
Regulatory Specialist II

Letter Number: 321A00009122