

**P21000097951**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I2C160000C17  
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.\*\***

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
MEDICAL ARTS PROJECT, INC.**

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$87.50

J DENNIS  
NOV 18 2021

**COVER LETTER**

H21000424673

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

**SUBJECT:** Medical Arts Project, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** John Herbert  
Name (Printed or typed)

101 Vickery Street  
Address

Roswell GA 30075  
City, State & Zip

404.312.8775  
Daytime Telephone number

john@herbertlegalgroup.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**

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

H21000424673

**ARTICLE I NAME**The name of the corporation shall be: Medical Arts Project, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address  
3333 Old Milton Pkwy Ste 270  
Alpharetta GA 30005

Mailing address, if different is:

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: any lawful purpose**ARTICLE IV SHARES**The number of shares of stock is: See attached.**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: John Herbert, President & SecretaryAddress 101 Vickery StreetRoswell GA 30075Name and Title: Machiel Lucas, DirectorAddress: 101 Vickery StreetRoswell GA 30075

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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DIVISION OF CORPORATION  
21 NOV 17 AM 9:45

**Article IV - Authorized Shares**

The Corporation shall have authority to issue 200,000 shares consisting of up to 100,000 shares of Class A Shares, \$.01 par value per share (the "Class A Shares") and up to 100,000 shares of Class B Shares, \$.01 par value per share ("Class B Shares").

The holders of Class A Shares shall be entitled to vote on each matter on which the shareholders of the Corporation shall be entitled to vote, and each holder of Class A Shares shall be entitled to one vote for each Class A Share held by such holder. The holders of Class B Shares shall not have any voting rights.

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

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

\_\_\_\_\_

\_\_\_\_\_

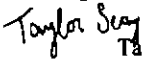
\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Capitol Corporate Services, Inc.Address: 515 E. Park Ave., Floor 2Tallahassee FL 32301**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: John HerbertAddress: 101 Vickery StreetRoswell GA 30075**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*Taylor Seay, as Asst. Secretary on behalf of Capitol Corporate Services, Inc. 11-17-21

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.*

Required Signature/Incorporator

11-17-2021

Date