P22000005328

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

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

Kopos Medx Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$70.00

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Kopes Medx Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
2711 NE 47th Street	2711 NE 47th Street
Lighthouse Point, FL 33064	Lighthouse Point, FL 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Staffing company

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares Par Value $1.00 Per Share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: George Chalekopos, Vice President	Name and Title: Dean Charokopos, President, Sec. & Treas.
Address: 2711 NE 47th Street	Address: 2302 Megann Court
Lighthouse Point, FL 33064	Norristown, PA 19401
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	Name and Title:
Address:	Address:

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE IV REGISTERED AGENT

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

Name: Dean Charokopos

Address: 2711 NE 47th Street

Lighthouse Point, FL 33064

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dean Charokopos

Address: 2711 NE 47th Street

Lighthouse Point, FL 33064

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

Required Signature/Registered Agent — Date: 1/20/22

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 — Date: 1/20/22

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