

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #	9			
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates o	f Status			
Special Instructions to Filing Officer:				

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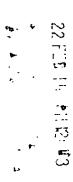
T. SCOTT

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COVER LETTER

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:

DOMESTICATION OF FOREIGN CORPORATION

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

\$ 50.00 Certificate of Domestication

Articles of Incorporation and Certified Copy \$ 78.75

Total filing fee

\$128.75

OPTIONAL:

Certificate of Status

\$ 8.75

From: FRANCEEN WISHNOW-ROWELL

Name (printed or typed)

111 ORANGE COSMOS BLVD

Address

DAVENPORT, FL 33837

City, State & Zip

(267) 334-7524

Daytime Telephone Number

medsmartconsultation@gmail.com

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

Articles of Domestication Foreign Corporation Domesticating to Florida

The III	ndersiened.	FRANCEEN WISH	NOW-ROWELL	PRESIDEN	NT
1110 01	100131611007		(Name)	(Title)	
of M	EDSMAR	RT CONSULTA	ATION SERVI	CES, INC.	_, a foreign
corpo	ration, in ac	cordance with s. 6	507.11922, Florida	Statutes, submit th	iese Articles of
Dome	stication.			ALCONOL CONCL	II TATION CEDIMOTE INC
1.	. Then name of the domesticating corporation is(Foreign Corporat				JETATION SERVICES, INC
					Corporation)
				_ ·	
2.	The jurisdi	ction and date of	its formation is $\frac{F}{2}$	PENNSYLVANIA	4 06/21/2019
7	There	_f +hlootion+	ad carearation is	MEDSMART CONSUL	TATION SERVICES, INC.
3.	rne name	or the domesticat	ed corporation is	·	
4.	The jurisdi	ction of formation	n of the domestica	ited corporation is I	Florida
5.	The domestication corporation is a foreign corporation and the domestication was approved in accordance with its organic law.				
6.	Attached are Florida Articles of Incorporation to complete the domestication requirements pursuant to s.607.0202, F.S.				
certif	y I am autho	orized to sign thes	7	estication on behal zed Signaturé)	f of the corporation.

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME		
THE NAME OF THE CORPORATION SHALL E	BE:	
MEDSMART CONSULTATION SERVICE	DES, INC.	
ARTICLE II PRINCIPAL OFF		- : 22
THE PRINCIPAL PLACE OF BUSINESSY MAIL	and ADDRESS is.	· **
Principal Address 111 ORANGE COSMOS BLVD	Mailing Address	
DAVENPORT, FL 33837	PO BOX 762	
	LOUGHMAN, FL 33858	
ARTICLE III PURPOSE		·
THE PURPOSE FOR WHICH THE CORPORA MEDICAL BILLING AND COSNULTATION		·
ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS: 10	00	
THE NOMBER OF SITURDS OF STOCK IS.		
ARTICLE VI REGISTERED		
THE NAME AND FLORIDA STREET ADDRE	<u>SS</u> (P.O. BOX NOT ACCEPTABLE) OF TH	HE REGISTERED AGENT IS:
FRANCEEN WISHNOW-ROWELL		
111 ORANGE COSMOS BLVD		
DAVENPORT, FL 33837		
HAVING BEEN NAMED AS REGISTERED	AGENT AND TO ACCEPT SERVICE O	F PROCESS FOR THE
ABOVE STATED CORPORATION AT THE F		
WITH AND ACCEPT THE APPOINTMENT A	S REGISTERED AGENT AND AGREE	TO ACT IN THIS
CAPACITY.	-	2/08/2022
Signature/Registered-Agent		Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Address:	111 ORANGE COSMOS BLVD DAVENPORT, FL 33837	Name & Title: Address:	
Address:		Name & Title:	
		A .d.d	
Name & Title: Address:			

I submit this document and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155.F.S.

Signature/Authorized Person

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

12/30/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MedSmart Consultation Services Inc

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

SOUTH CONTROLL OF THE CONTROL OF THE

IN TESTIMONY WHEREOF, I have hereunto sermy hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC211230120767-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify