

P22000015971

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000080402 3)))



H220000804023ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

22 MAR -2 AM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**MED BRACES 1 INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

S. CHATHAM

MAR - 3 2022

## ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAMEThe name of the corporation shall be: Med Braces 1 Inc

22 MAR -2 AM 3:19

ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address6237 Presidential Ct Ste 140-BSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mailing address, if different is:

Fort Myers, FL 33919ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Carlos AlbertoName and Title: PresidentAddress: Saavedra

Address:

6237 Presidential Ct  
Ste 140-B Fort Myers, FL 33919

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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: Carlos Alberto Saavedra  
Address: 6237 presidential CT  
Ste 140-B Fort Myers, FL 33919

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Carlos Alberto Saavedra  
Address: 6237 presidential CT  
Ste 140-B Fort Myers, FL 33919

FILED  
22 MAR -2 AM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

**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*

X *Carlos Saavedra* Required Signature/Registered Agent 3/2/22 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.*

X *Carlos Saavedra* Required Signature/Incorporator 3/2/22 Date