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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : TAP SOLUTIONS INC
Account Number : I20210000103
Phone : (786)615-3057
Fax Number : (786)615-3058

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

Email Address: info@tapsolution.net

**FLORIDA PROFIT/NON PROFIT CORPORATION
MDP MEDICAL USA INC**

Certificate of Status	1
Certified Copy	0
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2022 JUL 20 PM 4:20

FLORIDA
DIVISION OF
CORPORATIONS
COMMERCIAL
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: MDP MEDICAL USA INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4745 NW 84TH CT UNIT 19MIAMI, FL 33166**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ACTIVITY**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES @ \$10.00 EACH**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ALEJANDRO SABILLON - PRESIDENT

Name and Title: _____

Address 4745 NW 84TH CT UNIT 19

Address: _____

MIAMI, FL 33166

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
ALLAHASSET, FLORIDA

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: TAP SOLUTIONS INC

Address: 2341 NW 7TH ST

MIAMI, FL 33125

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ALEJANDRO SABILLON

Address: 4745 NW 84TH CT UNIT 19

MIAMI, FL 33166

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ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 07/20/2022 (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*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