

P23000037156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

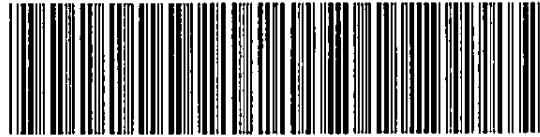
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000407606130

S. CHATHAM
MAY 11 2023

05/10/23--01003--011 *10.00

FILED
2023 MAY 10 AM 8:53
CLERK

RECEIVED
2023 MAY -0 AM 10:59
ALLAHASSEE, FLOR.

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: CAT 5/10

- ☐ **CERTIFIED COPY** _____
- XX** **PHOTOCOPY** _____
- ☐ **CUS** _____
- XX** **FILING** INC _____

1. **MEDI CD GROUP INC.**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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: MEDI CD GROUP INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

950 COUNTRY CHARM CIRCLE

950 COUNTRY CHARM CIRCLE

OVIEDO, FL 32765

OVIEDO, FL 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFUL PURPOSES

FILED
2023 MAY 10 AM 8:53
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF DALLAS

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NABEEL SHAIKH, DIRECTOR Name and Title: _____

Address: 950 COUNTRY CHARM CIRCLE Address: _____
OVIEDO, FL 32765

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: NABEEL SHAIKH
Address: 950 COUNTRY CHARM CIRCLE
OVIEDO, FL 32765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NABEEL SHAIKH
Address: 950 COUNTRY CHARM CIRCLE
OVIEDO, FL 32765

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

Nabeel Shaikh
Required Signature/Registered Agent

5/2/23
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.

Nabeel Shaikh
Required Signature/Incorporator

5/2/23
Date

FILED
2023 MAY 10 AM 8:53
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF PALM BEACH