

To:

2 of 4 2023-05-11 06:47:46 EDT Lexipos  
**P2300003T720**

From: Carol Panchana

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

JEL, Medical Corp.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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COMMERCIAL  
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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: JEL., Medical Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11954 Narcoosee Rd PMB 108  
Orlando, FL 32832

11954 Narcoosee Rd PMB 108  
Orlando, FL 32832

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Wallen, Director

Name and Title: Michelle Wallen, Director

Address: 11954 Narcoosee Rd PMB 108  
Orlando, FL 32832

Address: 11954 Narcoosee Rd PMB 108  
Orlando, FL 32832

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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

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

Name and Title: \_\_\_\_\_

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Robert Wallen  
 Address: 11954 Narcoosee Rd PMB 108  
Orlando, FL 32832

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert Wallen  
 Address: 11954 Narcoosee Rd PMB 108  
Orlando, FL 32832

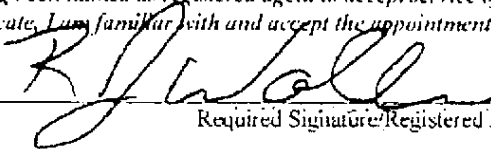
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**ARTICLE VIII EFFECTIVE DATE:**

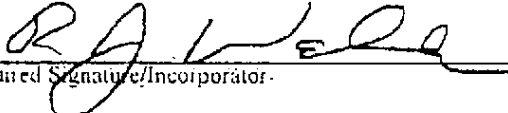
Effective date, if other than the date of filing, \_\_\_\_\_ (OPTIONAL)  
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the 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:*

 \_\_\_\_\_ 5/10/23  
 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.*

 \_\_\_\_\_ 5/10/23  
 Required Signature/Incorporator Date