

To:

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2023-05-11 06:47:46 EDT

Lexipos

From: Carol Panchana

P23000037720

Florida Department of State
Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION

JEL, Medical Corp.

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

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Help

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

ARTICLE I NAMEThe 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 108Orlando, FL 3283211954 Narcoosee Rd PMB 108Orlando, 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, DirectorName and Title: Michelle Wallen, DirectorAddress: 11954 Narcoosee Rd PMB 108
Orlando, FL 32832Address: 11954 Narcoosee Rd PMB 108
Orlando, FL 32832

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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

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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.)

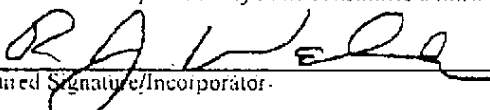
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

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:


 Required Signature/Registered Agent

5/10/23
 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.


 Required Signature/Incorporator.

5/10/23
 Date