

09/08/2023

(FAX)

P.001/003

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Florida Department of State  
Division of Corporations  
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((H230003164123)))



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To:

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

From:

Account Name : ELO ENTERPRISES, INC  
Account Number : I20150000109  
Phone : (561)544-8862  
Fax Number : (954)697-0130

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

Email Address: SALES@ELOENTERPRISES.US

FLORIDA PROFIT/NON PROFIT CORPORATION  
EDT MEDICAL INC

Certificate of Status	0
Certified Copy	0
Page Count	01
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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: EDT MEDICAL INCARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

12301 NW 112th AVE #101MEDLEY, FL 33178ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Any and all lawful business.ARTICLE IV SHARESThe number of shares of stock is: 1000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: RITESH SHARMA - P

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

Address 12301 NW 112th AVE #101

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

MEDLEY, FL 33178

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

Address \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

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 CLERK OF DISTRICT COURT  
 TALLAHASSEE, FLORIDA

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: ELO ENTERPRISES, INC.  
Address: 4700 NW Boca Raton Blvd #202  
Boca Raton, FL 33431

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RITESH SHARMA  
Address: 12301 NW 112th AVE #101  
MEDLEY, FL 33173

**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  
09/08/2023  
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.*

\_\_\_\_\_  
Ritesh Sharma (Sep 8, 2023 16:32 ADT)  
09/08/2023  
Required Signature/Incorporator Date