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To:

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

From:

Account Name : USACORP INC.
 Account Number : I20130000019
 Phone : (718)362-4789
 Fax Number : (718)408-2550

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

Email Address: hurdrichard@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Axis Medica Advisors Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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Corporate Filing Menu

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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: Axis Medica Advisors Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3451 Marbella Court

3451 Marbella Court

Bonita Springs, FL 34134

Bonita Springs, FL 34134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Financial Product Consultants

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard Hurd, Director

Name and Title:

Address 3451 Marbella Court

Address:

Bonita Springs, FL 34134

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: Richard Hurd

Address: 3451 Marbella Court

Bonita Springs, FL 34134

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Richard Hurd

Address: 3451 Marbella Court

Bonita Springs, FL 34134

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 business days prior or 90 business 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

/s/ Richard Hurd

11/13/2023

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.

/s/ Richard Hurd

11/13/2023

Required Signature/Incorporator

Date

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