

# P23000087012

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000433607 3)))



H230004336073ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

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

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**MEDMED137 INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2023 DEC 21 PM 4:47

STATE  
CORPORATE  
FILING

Electronic Filing Menu

Corporate Filing Menu

Help

STATE  
CORPORATE  
FILING  
BELLMOORE, FL

2023 DEC 21 PM 4:47

RECEIVED

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:MedMed137 INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

13303 SW 135 AVE33186 Miami FL**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**URQUIZA OJEDA, EDUARDO (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

URQUIZA OJEDA, EDUARDO13303 SW 135 AVE 33186  
Miami FL**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:URQUIZA OJEDA, EDUARDO13303 SW 135 AVE 33186  
Miami FL

**Required Signatures:**

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

*[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.

*[Signature]*

Incorporator

Date

FILED  
RECEIVED  
STATE  
DEPARTMENT OF  
CORPORATION