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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : HUBCO
Account Number : 104662003400
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CORPORATIONS
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION

MediWorld Inc

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

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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: MediWorld Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
215 N. New River Dr, Suite 330
Fort Lauderdale, Fl 33301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Legal & lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is: 1500 at No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eddie Kemelman - President/Director Name and Title: _____

Address 215 N. New River Dr, Suite 330 Address: _____
Fort Lauderdale, Fl 33301

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: Eddie Kemelman
 Address: 215 N. New River Dr, Suite 330
Fort Lauderdale, Fl 33301

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Eddie Kemelman
 Address: 215 N. New River Dr, Suite 330
Fort Lauderdale, Fl 33301

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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 Eddie Kemelman June 11th, 2024
 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 Eddie Kemelman June 11th, 2024
 Date