

P24000050084

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.

((H24000067394 3)))



H240000673943ABC2

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
BIODAX MEDICAL RESEARCH CORP.**

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

FILED
2014 FEB 19 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 FEB 19 PM 3:18

FD

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:BioDax Medical Research Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

9000 S.W 137 Ave #210Miami, FL 33186**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Alexander GORT (P)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 FEB 19 AM 11:56

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Alexander GORT9000 S.W 137 Ave #210Miami FL 33186**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Alexander GORT9000 S.W 137 AveMiami, FL 33186

Required Signatures:

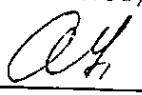
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent2-19-24

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.



Incorporator2-19-24

Date

FILED
2024 FEB 19 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA