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Office Use Only



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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

| PLEASE USE FUNDS FROM THIS ACCO AUTHORIZATION SIGNATURE: | | .75 | | |
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| MedTap Ai Technologies, Corp. | 011 1 | _ | | |
| BUSINESS (Name) | Document # | | | |
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| Annual Report | Foreign Filing | | | |
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EXAMINER'S INITIALS:_____

.. FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

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| NEW FILINGS | AMMENDMENTS 3 | |
| Profit | Amendment | |
| Not for Profit | Resignation of R.A. Officer/Director. | |
| Limited Liability | Change of Registered Agent 1. | |
| Domestication | Dissolution/Withdrawal | |
| _XCORP | Merger | |
| LLLP | Conversion | |
| OTHER FILINGS | REGISTERATION/QUALIFICATIONS | |
| Annual Report | Foreign Filing | |
| | Limited Partnership | |
| Fictitious Name | Reinstatement | |
| | Trademark | |
| APOSTIL () | Other | |
| Country | | |

EXAMINER'S INITIALS:

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: MEDTAP AT TECH | HNOLOGIES, C | OPP., | |
|---|---|--|-----|
| Enclosed are an original and one (1) copy of the artic | | | |
| is no osed are an original and one (1) copy of the artic | les of incorporation and | a check for. | |
| ☐ \$70.00 ☐ \$78.75 Filing Fee Filing Fee & Certificate of Status | ☐ \$78.75 Filing Fee & Certified Copy | □ \$87.50 Filing Fee, Certified Copy & Certificate of Status | |
| ADDITIONAL COPY REQUIRED | | | |
| FROM: SHHEL C. SA. | | | |
| 400 N. ASHLEY DrivE Surfe 1900 | | | |
| TAMPA, FLORIDA | 33602 | د. | : : |
| City, State & Zip | | | |
| 678-200-211 Daytime Te | lephone number | | Ì |
| 165@ MEDSTRATUM E-mail address: (to be used | | | |

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| he name of the corpor | E ation shall be: MEDTAP AT TECH | NO logiEs, CORP. |
|---|----------------------------------|---------------------------------------|
| IRTICLE II PRIN | • | Mailing address, if different is: |
| TAMPA, HOR | iDA 33602 | SAME |
| RTICLE III PURF he purpose for which | | DLATE ACTIVITY AND PROSIT |
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| | f stock is: 1, eco, eco | man |
| Name and Tit | e: I SHMEL G. SANCHEZ CHO | Name and Title: DERSK L. DAVES, Chair |
| Address | 11 . 4 . 6 | _ |
| | TAMPA FLORIDA 33602 | TAMPA FLORIDA 33602 |
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| ABTICLE IV. DROUTEDER LOTTE | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of | the registered agent is: |
| Name: MEDSTATION CORPORTING | SHALL G. SWICHEZ |
| Address: 1600 E 8th AVENUE | |
| | |
| TIMPA FORIDA 33605 | |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | |
| Name: SHUEL G. SANCHEZ | |
| Address: 400 Al AsHlay DRIVE | Satz 1900 |
| TAMPA Florida 33602 | |
| | • |
| ARTICLE VIII EFFECTIVE DATE: 8/8/202 | 4 |
| Effective date, if other than the date of filing: 8/8/202. (If an effective date is listed, the date must be specific and cannot filing). | be more than five days prior on 90 days after the N |
| filing.) | or more than tive days prior or 90 days after the |
| Note: If the date inserted in this block does not meet the applicable s | tatutory 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 certificate. Lem families with and accept the approximate of process for | the above stated corporation at the place designated in this |
| certificate, I am familiar with and accept the appointment as registere | d agent and agree to act in this capacity |
| - Shue of Janete | 0.00.0004 |
| Required Signature/Registered Agent | - 8/8/2024 |
| I submit this document and affirm that the facts stated herein are to document to the Department of State constitutes a third degree felony | rue. I am aware that the fulse information submitted in a |
| Hu HE | λ (2/2) Q |
| Required Signature/Incorporator | O/O/ZUZ4 |

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