P96000032397

Requestor's Name

ONE Source Financial Services, Inc.

9887 Fourth Street North, Suite 300
St. Petersburg, FL 33702

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 100001773840
-04/09/96--01085--013
****122.50 ****122.50

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

CR2E031(1/95)

Examiner's Initials	4-15-96

ARTICLES OF INCORPORATION
OF

MedFactors, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

MedFactors, Inc.

The principal place of business of this corporation shall be:

905 East Martin Luther King Blvd
Suite 230
Tarpon Springs, Florida 34689

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100,000,000 Common Shares
@ $ 0.0001 Par Value

10,000,000 Preferred Shares
@ $ 0.001 Par Value

ARTICLE IV TERM OF EXISTENCE

This corportion is to exist perpetually.

ARTICLE V OFFICERS/DIRECTORS

The names and street addresses of the initial officers and directors who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, are:

John D. Charles, Jr.
President
PO Box 22021
St. Petersburg, Florida 33742

Thomas L. McCrimmon
Secretary
PO Box 270098
Tampa, Florida 33688

ARTICLE VI REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 905 East Martin Luther King Blvd, Suite 230, Tarpon Springs, Florida, 34689 and the name of the initial registered agent of the corporation at that address is John D. Charles, Jr.

ARTICLE VII INCORPORATORS

The names and street addresses of the incorporators to this article of incorporation are:

John D. Charles, Jr.
President
PO Box 22021
St. Petersburg, Florida 33742

Thomas L. McCrimmon
Secretary
PO Box 270096
Tampa, Florida 33688

IN WITNESS WHEREOF, the undersigned incorporators have executed these Articles of Incorporation this 1ST day of APRIL, 1996.

Signatures of Incorporator

STATE OF Florida

COUNTY OF Pinellas

THE FOREGOING instrument was acknowledged and sworn to before me this 1ST day of April, 1996, by John D. Charles, Jr. & Thomas L. McCrimmon of MedFactors, Inc.

Notary Public

Deborah A. Brady

My Commission Expires: 11/30/97

DEBORAH A. BRADY
COMMISSION # CC 332959
EXPIRES NOV 30, 1997
Bonded Through
ALAN INSURANCE SERVICES

CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

MedFactors, Inc.

2. The name and address of the registered agent and office is:

John D. Charles, Jr.
PO Box 22021
St. Petersburg, Florida 33742

SIGNATURE _____
(Corporate Officer)

TITLE PRESIDENT

DATE 4/1/96

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE _____
(Registered Agent)

DATE 4/1/96