

P990000069712

Requestor's Name	
Maurizio Leon 2074 Wentworth Circle Apopka, FL 32703	
C	#

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-07/23/99--01003--004
*****78.75 *****78.75

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Medstar Medical Inc.
(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

9902546/353255/355

W99-17554

Examiner's Initials	ajc
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8/5



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 29, 1999

Corporate Access

~~MAURIZIO LEON~~
~~2074 WENTWORTH CIRCLE~~
~~APOPKA, FL 32703~~

SUBJECT: MEDSTAR MEDICAL INC.
Ref. Number: W99000017554

We have received your document for MEDSTAR MEDICAL INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved corporation or limited liability company. The name of a voluntarily dissolved Florida corporation or limited liability company is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved entity provides the Department of State with a notarized affidavit, stating they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6972.

Doris Brown
Document Specialist

Letter Number: 399A00038608

Corrected
Thanks
Glinda

AFFIDAVIT AND ASSIGNMENT OF CORPORATE NAME

Before me, the undersigned authority, appeared Calvin Ball, who having been duly sworn, hereby deposes and says as follows:

1. I was the sole director of MedStar Medical, Inc. (the "Corporation") at the time of its dissolution on May 17, 1999.

2. As the last sole director of the Corporation, I hereby assign to and agree that MAURIZIO LEON ("Assignee") shall hereafter have full right, title and interest in and to the use of the name "MedStar Medical, Inc."

3. I hereby authorize the Florida Secretary of State to allow Assignee to register and use the name MedStar Medical, Inc. in the State of Florida.

FURTHER AFFIANT SAYETH NOT.

Calvin Ball

Calvin Ball

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 2 day of August, 1999 by Calvin Ball as last Director of MedStar Medical, Inc., a dissolved corporation, who is personally known to me or who has produced _____ as identification.

Leilani Shoemaker

Signature of person taking acknowledgment

My commission expires: 9-14-01



LEILANI SHOEMAKE
COMMISSION # CC 680232
EXPIRES SEP 14, 2001
BONDED THRU
ATLANTIC BONDING CO., INC.

**ARTICLES OF INCORPORATION
OF
Medstar Medical Inc.**

We the undersigned subscribers of these Articles of Incorporation, each a natural person competent to contract, do hereby associate together for the purpose of forming a corporation under the laws of the State of Florida, and to that end do hereby certify to the facts herein set forth as required by law.

**ARTICLE I
NAME**

The name of this corporation is Medstar Medical Inc.

ARTICLE II

PURPOSES

This corporation may engage or transact in any and 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 maximum shares or stock which this corporation is authorized to have outstanding at any one time is 1,000 shares at \$0.01 per share.

ARTICLE IV

INITIAL CAPITAL

The amount of capital with which this corporation shall begin business is \$500.00.

ARTICLE V

ADDRESS

The Board of Directors may from time to time change the principal place or address thereof to any place or address in the State of Florida. The initial address of the principal place of business of the corporation shall be;

**3801 Corporex Park Dr., #175
Tampa, FL 33619**

ARTICLE VI

TERM

This corporation shall have perpetual existence.

ARTICLE VII

DIRECTORS

The corporation shall have one director. The number of directors may be altered from time to time by the by-laws, but there shall never be less than one director.

ARTICLE VIII

OFFICERS

The officers of this corporation shall be President, a Vice President, a Secretary, a Treasurer, and such other officers and agents as may be provided for in the by-laws. All officers, agents and directors shall be chosen in such manner and hold their offices for such terms and shall have such powers and duties, and may be removed as may be provided in the by-laws. Any person may hold two or more offices.

ARTICLE IX

REGISTERED OFFICE AND REGISTERED AGENT

is designated as agent to accept service of process within the State of Florida for the corporation.

ARTICLE X

INITIAL DIRECTORS

The names and addresses of the members of the first Board of Directors, who, subject to the provisions herein contained and the By-Laws of the corporation, shall hold office until the first meeting of the stockholders or as soon thereafter as successors are elected and have qualified, are the following:

President	-	Maurizio Leon, 2074 Wenthworth Circle; Apopka, FL 32703
Vice President	-	Maurizio Leon, 2074 Wenthworth Circle; Apopka, FL 32703
Secretary	-	Maurizio Leon, 2074 Wenthworth Circle; Apopka, FL 32703
Treasurer	-	Maurizio Leon, 2074 Wenthworth Circle; Apopka, FL 32703

ARTICLE XI

AMENDMENT

These Articles of Incorporation may be amended in the manner provided by the law. Every amendment shall be approved by the Board of Directors, proposed by it to the stockholders, and approved at a stockholder's meeting by a majority of the stock entitled to vote thereon, unless all directors and all stockholders sign a written statement of their intention that the amendment be made.

IN WITNESS WHEREOF, we the undersigned, being all the original subscribers of the capital stock herein named and the registered agent, hereunto set our hands and seals at
STATE OF FLORIDA
COUNTY OF SEMINOLE



Subscriber and Registered Agent

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: MEDSTAR MEDICAL, INC.

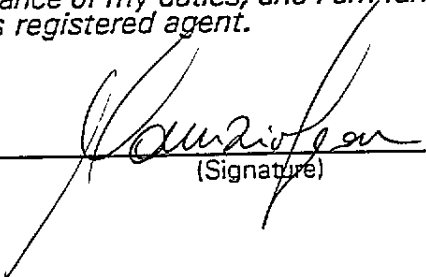
2. The name and address of the registered agent and office is:

MAURIZIO M. LEON
(Name)

3801 CORPOREX DRIVE, SUITE #175
(P.O. Box not acceptable)

TAMPA, FLORIDA 33619
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

8-3-1999
(Date)