

P240000 S1273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

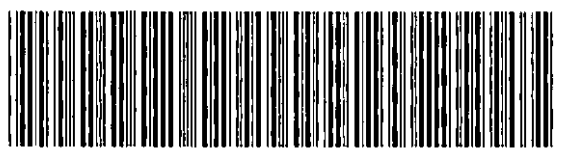
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 AUG - 8 AM 17: 52

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INTERNATIONAL TRADE COMMISSION

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COVER LETTER

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

SUBJECT: MEDTAP AI TECHNOLOGIES, CORP.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: ISHHEL G. Sanchez
Name (Printed or typed)

400 N. ASHLEY DRIVE Suite 11900
Address

TAMPA, FLORIDA 33602
City, State & Zip

678-200-2411
Daytime Telephone number

IGS@MEDSTRATUM.COM
E-mail address: (to be used for future annual report notification)

2024 MAR 13 10:57

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)

ARTICLE I NAME

The name of the corporation shall be: MEDTAP Ai Technologies, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
400 N. ASHLEY DRIVE
SUITE 1900
TAMPA, FLORIDA 33602

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CORPORATE ACTIVITY AND PROFIT.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ISHMEL G. SANCHEZ, Chairman
Address: 400 N. ASHLEY DRIVE
Suite 1900
TAMPA, FLORIDA 33602

Name and Title: DEREK L. DAVIS, Chairman
Address: 400 N. ASHLEY DRIVE
Suite 1900
TAMPA FLORIDA 33602

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: MOD STATUM CORPORATION / ISHAEL G. SANCHEZ
Address: 1600 E 8TH AVENUE
TAMPA FLORIDA 33605

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ISHAEL G. SANCHEZ
Address: 400 N. ASHLEY DRIVE Suite 1900
TAMPA FLORIDA 33602

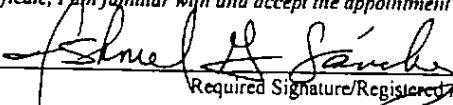
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8/8/2024 (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.)

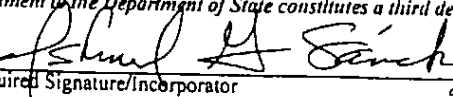
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

8/8/2024

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

8/8/2024
Date