

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**P25000004169**

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC  
Account Number : I20080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

**\*\*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**

**Medmaxmal Consulting Inc**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RECEIVED

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2025 JAN 23 PM 3:18  
SECURITY STATE  
FILE

Electronic Filing Menu

Corporate Filing Menu

Help

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: Medmaxmal Consulting Inc

ARTICLE II PRINCIPAL OFFICE  
Principal street address Mailing address, if different is:  
5682 Eleuthera Way  
Naples, FL 34119

ARTICLE III PURPOSE  
The purpose for which the corporation is organized is: medical consulting

ARTICLE IV SHARES  
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Marie Lorenzo, Officer	Name and Title:	
Address	5682 Eleuthera Way	Address:	
	Naples, FL 34119		

Name and Title:		Name and Title:	
Address		Address:	

Name and Title:		Name and Title:	
Address		Address:	

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FLORIDA

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Marie Lorenzo

Address: 5682 Eleuthera Way

Naples, FL 34119

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Marie Lorenzo

Address: 5682 Eleuthera Way

Naples, FL 34119

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

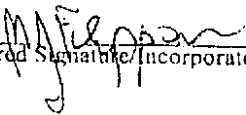
By: Marie Lorenzo

Required Signature/Registered Agent

01/22/2025

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.*



Required Signature/Incorporator

01/22/2025

Date