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TRANSMITTAL LETTER

FILED
00 AUG 23 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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*****87.50 *****87.50

SUBJECT: ELECTRONIC MEDICAL CLAIMS OF MIAMI, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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: Erik Velazquez
Name (Printed or typed)

14725 SW 153 Place
Address

Miami FL 33196
City, State & Zip

(305) 255-1305
Daytime Telephone number

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

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

ARTICLE I NAME

The name of the corporation shall be: ELECTRONIC MEDICAL CLAIMS OF MIAMI, INC.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 14725 SW 153 PL, Miami FL 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to transact any kind of legal business.

ARTICLE IV SHARES

The number of shares of stock is: 500 shares of one dollar ($1.00) par value common stock.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es): Erik Velazquez
14725 SW 153 Place, Miami, FL 33196

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is: Erik Velazquez
14725 SW 153 PL, Miami, FL 33196

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is: Erik Velazquez
14725 SW 153 Place, Miami FL 33196

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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

Signature/Registered Agent — Date: 8/21/00

Signature/Incorporator — Date: 8/21/00