

TRANSMITTAL LETTER

P00000009657

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

200003107972--4
-01/24/00-01085-011
*****78.75 *****78.75

SUBJECT: HEALTHUNDERWRITERS.COM 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: ROBERT L RICHIE
Name (Printed or typed)

9900 SW 139 ST
Address

MIAMI FL 33176
City, State & Zip

305-969-3922
Daytime Telephone number

FILED
00 JAN 24 AM 11:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

S. Thompson JAN 28 2000

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

HEALTHUNDERWRITERS, COM INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

9900 SW 139 STREET
MIAMI FL 33176

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

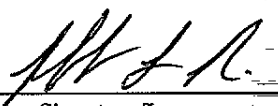
The name and Florida street address of the initial registered agent are:

ROBERT L RICHIE
9900 SW 139 ST
MIAMI FL 33176

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ROBERT L RICHIE
9900 SW 139 ST.
MIAMI FL 33176



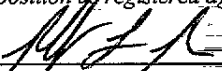
Signature/Incorporator

1/21/2000

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

1/21/2000

Date

NOTE
THIS IS
ONE WORD
NO SPACES.

FILED
00 JAN 24 AM 11:54
TALLAHASSEE FLORIDA
SECRETARY OF STATE