

Transmittal Letter

P00000020016

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

200003141392--3
-02/21/00--01098--012
*****70.00 *****70.00

SUBJECT: SAI A.R.J.MEDICAL TRANSCRIPTION 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

☐ \$78.75

☐ \$122.50

☐ \$131.25

FROM:

RAGINI RAVAL

Name (printed or typed)

18730 WIMBLEDON CIR

Address

LUTZ, FL 33549

City, State, & Zip

(813) 948-3050

Daytime Telephone Number

FILED
00 FEB 21 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T. Burch FEB 25 2000

Articles of Incorporation

FILED

00 FEB 21 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Of

SAI A.R.J.MEDICAL TRANSCRIPTION INC

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

ARTICLE I NAME

The name of the corporation shall be:

SAI A.R.J.MEDICAL TRANSCRIPTION INC

ARTICLE II PRINCIPAL OFFICE

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

18730 WIMBLEDON CIR, LUTZ,FL-33549

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is

RAGINI RAVAL
18730 WIMBLEDON CIR
LUTZ,FL-33549

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

RAGINI RAVAL 18730 WIMBLEDON CIR, LUTZ, FL-33549

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

18th Day of February, 19 2000.

R. Raval
Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

**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: SAI A.R.J.MEDICAL TRANSCRIPTION INC

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

RAGINI RAVAL
18730 WIMBLEDON CIR
LUTZ , FL-33549

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TALLAHASSEE, FLORIDA

Having been named as the 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

R. Raval