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TRANSMITTAL LETTER

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

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-08/08/00--01006--014
*****87.50 *****87.50

SUBJECT: RecordLinx, 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: MANUEL A. CASTRO
Name (Printed or typed)

1200 West Avenue Suite 906
Address

Miami Beach, FL 33139
City, State & Zip

(305) 673-8378
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG -7 AM 9:07

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

gf 8/11/00

ARTICLES OF INCORPORATION

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I : NAME

The name of the corporation shall be:

RecordLinx, Inc.

00 AUG -7 AM 9:07

ARTICLE II : PRINCIPAL OFFICE

The principal place of business/mailling address is :

1200 West Avenue, Suite 306
Miami Beach, Florida Zip Code 33139

ARTICLE III : PURPOSE

The purpose for which the corporation is organized is:

Development and production of medical information systems and all legal lawful activities

ARTICLE IV : SHARES

The number of shares of stock is:

5,000 at a par value of US\$1.00

ARTICLE V : INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Manuel A. Castro, M.D.
1200 West Avenue, Suite 306
Miami Beach, Florida Zip Code 33139

ARTICLE VI : REGISTER AGENT

The name and Florida street address of the registered agent is:

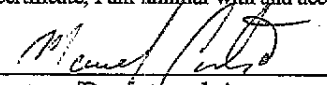
Manuel A. Castro, M.D.
1200 West Avenue, Suite 306
Miami Beach, Florida Zip Code 33139

ARTICLE VII : INCORPORATOR

The name and address of the Incorporator is:

Manuel A. Castro, M.D.
1200 West Avenue, Suite 306
Miami Beach, Florida Zip Code 33139


Having been named as registre 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

8/3/00

Date



Signature/Incorporator

8/3/00

Date