

P00000099704
TRANSMITTAL LETTER

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

FILED
00 OCT 23 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: MYHEALTHPRO.COM, INC.
(Proposed corporate name - must include suffix)

000003419730--1
-10/09/00--01103--013
*****78.75 *****78.75

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:

FL TAX MAN, INC
Name (Printed or typed)

4944 N. UNIVERSITY DR
Address

LAUDERHILL, FL 33351-5748
City, State & Zip

954-748-6636
Daytime Telephone number

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

W-24590
GR 10/11



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 11, 2000

FL TAX MAN, INC.
4944 N. UNIVERSITY DR.
LAUDERHILL, FL 33351-5748

SUBJECT: MYHEALTHPRO.COM, INC.
Ref. Number: W00000024590

We have received your document for MYHEALTHPRO.COM, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6878.

Alan Crum
Document Specialist

Letter Number: 000A00053570

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

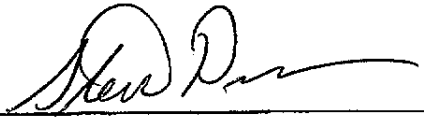
Re: MYHEALTHPRO.COM, INC.

Dear Gentlemen,

The undersigned, as President of the referenced company, duly notifies the Florida Department of State, Division of Corporations, that we have no intention of reinstating this company. Therefore, we release the name for use to another entity.

Thank you.

Very truly yours,



President,
MYHEALTHPRO.COM, INC.

10/16/00

Date

Notary: I personally know the above individual, whose signature is noted above. As such, I hereby notarize the signature on this 16th day of Oct, 2000.



Notary Public

Date



Jeffrey A. Schneider
Commission # CG 870384
Expires Sep. 12, 2003
Bonded Thru
Atlantic Bonding Co., Inc.

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:

MYHEALTHPRO.COM, INC.

ARTICLE II PRINCIPAL OFFICE

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

660 Linton Blvd, Ste 204
Delray Beach, FL 33444

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:

FL TAX MAN, INC.
Jeffrey A. Schneider, MST
4944 N. University Dr.
Lauderhill, FL 33351-5748

ARTICLE V INCORPORATOR

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

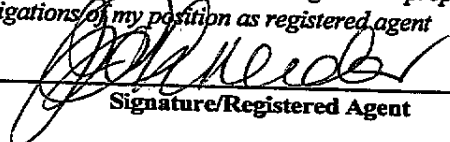
FL TAX MAN, INC.
Jeffrey A. Schneider, MST
4944 N. University Dr.
Lauderhill, FL 33351-5748


Signature/Incorporator

10/5/00
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

10/5/00
Date

FILED
00 OCT 23 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA