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TRANSMITTAL LETTER

APPROVED AND FILED
00 NOV 20 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

200003469802--5
-11/20/00--01022--015
*****78.75 *****78.75

SUBJECT: Medical Media & Associates 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

RECEIVED
00 NOV 20 AM 11
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FROM: Joyce M Roberts
Name (Printed or typed)

2585 St Michel Ave
Address

Melbourne, FL 32935
City, State & Zip

321-242-7000
Daytime Telephone number

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Medical Media & Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2585 St. Michels Ave.
Melbourne, Fl. 32935

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Design Web Sites & EPD for the Medical Field

ARTICLE IV SHARES

The number of shares of stock is:

7500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Joyce M. Roberts - 2585 St. Michel Ave. Melbourne Fl. 32935

Norm Nolin - 2585 St. Michel Ave. Melbourne, Fl 32935

ARTICLE VI REGISTERED AGENT

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

Louis Martinez
1640 Lee Rd
Winter Park, Fl. 32789

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Norm Nolin
2585 St Michel Ave
Melbourne Fl. 32935

****

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: 10/27/00

Signature/Incorporator — Date: 10/27/00