

TRANSMITTAL LETTER

P00000108272

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

SUBJECT: MND'S Medical Claims Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700003442677--8
-10/27/00--01078--016
*****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

ADDITIONAL COPY REQUIRED

FROM: Mary Ellen Snoddy
Name (Printed or typed)

14619 77th Place North
Address

Loxahatchee, FL 33470
City, State & Zip

561-683-1331
Daytime Telephone number

FILED
00 NOV 21 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T. Burch NOV 21 2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 30, 2000

MARY ELLEN SNODDY
14619 77TH PLACE NORTH
LOXAHATCHEE, FL 33470

SUBJECT: MND'S MEDICAL CLAIMS INC.
Ref. Number: W00000026002

We have received your document for MND'S MEDICAL CLAIMS 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 articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

We are enclosing the proper form(s) with instructions for your convenience.

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) 487-6928.

Tim Burch
Document Specialist

Letter Number: 200A00056304



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 13, 2000

MARY ELLEN SNODDY
14619 77TH PLACE NORTH
LOXAHATCHEE, FL 33470

SUBJECT: MND'S MEDICAL CLAIMS INC.
Ref. Number: W00000026002

We have received your document for MND'S MEDICAL CLAIMS 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 document must state the number of shares of authorized stock.

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) 487-6928.

Tim Burch
Document Specialist

Letter Number: 200A00056304

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:

MND'S Medical Claims, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

14619 77th Place North
Loxahatchee, Fl. 33470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To do medical billing

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Mary Ellen Snoddy
14619 77th Place North
Loxahatchee, Fl. 33470

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

Mary Ellen Snoddy
14619 77th Place North
Loxahatchee, Fl. 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mary Ellen Snoddy
14619 77th Place North
Loxahatchee, Fl. 33470

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

Mary Ellen Snoddy
Signature/Registered Agent

11-6-00
Date

Mary Ellen Snoddy
Signature/Incorporator

11-6-00
Date

FILED
00 NOV 21 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA