## TRANSMITTAL LETTER

FILED

01 JAN -8 PM 5: 01

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00

Filing Fee Filing Fee

& Certificate of Status

**☑** \$78.75

■ \$87.50

Filing Fee

Filing Fee, Certified Copy

& Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

986 SANFORD, FR.
Address

407. 330. 5900 Daytime Telephone number

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

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME	FILED
The name of the corporation shall be:	01 JAN -8 PM 5:01
LANDMARK RISK, INC	SECRETARY OF STATE TALLAHASSEE. FLORIDA
ARTICLE II PRINCIPAL OFFICE	: .
The principal place of business/mailing address is:	- · · · · ·
P.O. BO 986 SANFORD A 32772 IF PHY. ADDRESS IS NEEDED 105 E 15 ST. SANFORD A 32771 SUITE	
ARTICLE III PURPOSE	102
The purpose for which the corporation is organized is:	numb.
MEDICAL CLAIM CONSULTING	_
moderne Cincil Constellation	
ARTICLE IV SHARES	
The number of shares of stock is:	
100	
ARTICLE V INITIAL OFFICERS DIRECTOR'S (optional) The name(s) and address(es):	
The hame(s) and address(es).	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
KOBERT D. BARSON	
105 E. 1 STREET	
105 E. 1 STREET SUITE POZ SMAKORD, FR 32771	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
KOBERT D. BARSON	
165 E. 1ST STREET # 102	
SANFORD, FR 32771	
**************************************	***********
Having been named as registered agent to accept service of process for the above stated certificated I am familiar with and accept the appointment as registered agent and agree	corporation at the place designated ithis to act in this capacity
(Mott) M-	1
Siddle Baidead A	1501
Signature/Registered Agent	Date
9)oth	1/5/01
Signature/Incorporator	Date