

TRANSMITTAL LETTER

PO1000007526

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

SUBJECT: Healthcare Receivables Management, 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: Melissa Levine Name (Printed or typed)
512 Bayshore Dr., #202 Address
Fort Lauderdale FL 33304 City, State & Zip
954-816-3957 Daytime Telephone number

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*****78.75 *****78.75

FILED
01 JAN 18 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

AUTHORIZATION BY PHONE TO

CORRECT RA

DATE 1/22

DOC. EXAM. SeB

SeB
1/22

(5)

**ARTICLES OF INCORPORATION
OF
HEALTHCARE RECEIVABLES MANAGEMENT, INC.**

THE UNDERSIGNED, for the purpose of forming a corporation for profit pursuant to Chapter 607, Florida Statutes, does hereby adopt the following Articles of Incorporation:

**ARTICLE I
NAME OF CORPORATION**

The name of this Corporation shall be:
HEALTHCARE RECEIVABLES MANAGEMENT, INC.

**ARTICLE II
GENERAL NATURE OF BUSINESS**

The general nature of the business to be transacted by this Corporation shall be to engage in any and all lawful business permitted under the laws of the United States and the State of Florida.

**ARTICLE III
CAPITAL STOCK**

- A. The total authorized capital stock of the Corporation is **One Thousand (1000)** shares of Common Stock, no par value per share.
- B. Every shareholder, upon the sale for cash of any new stock of this Corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

**ARTICLE IV
TERM OF EXISTENCE**

This Corporation shall exist perpetually.

**ARTICLE V
ADDRESS OF PRINCIPAL OFFICE IN THIS STATE**

The initial street address of the principal office of this Corporation in the State of Florida is 512 Bayshore Drive, #202, Fort Lauderdale, Florida 33304. The Board of Directors may from time to time move the principal office to another address in Florida.

**ARTICLE VI
NUMBER OF DIRECTORS**

This Corporation shall have not less than one (1) director.

**ARTICLE VII
FIRST BOARD OF DIRECTORS**

The names and street addresses of the initial members of the Board of Directors are:

Name:	Melissa Susan Levine
Address:	512 Bayshore Drive, #202, Fort Lauderdale, Florida 33304
Name:	James Anthony Mancini
Address:	512 Bayshore Drive, #202, Fort Lauderdale, Florida 33304

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ARTICLE VIII
INCORPORATOR

The name and street address of the incorporator to these Articles, as well as the person signing these Articles of Incorporation is:

Melissa Susan Levine, 512 Bayshore Drive, #202, Fort Lauderdale, Florida 33304.

James Anthony Mancini, 512 Bayshore Drive, #202, Fort Lauderdale, Florida 33304.

ARTICLE IX
INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation is 512 Bayshore Drive, #202, Fort Lauderdale, Florida 33304, and the name of the initial registered agent of this Corporation at that address is Melissa Susan Levine to the Florida Statute 607.0501(3) a written acceptance is attached.

ARTICLE X
POWERS

The Corporation shall have all the powers enumerated in the Florida Business Corporation Act.

ARTICLE XI
INDEMNIFICATION

Provided the person proposed to be indemnified is not shown to have not satisfied the requisite standard of conduct for permissive indemnification by a corporation as specifically set forth in the applicable provisions of the Florida Business Corporation Act (currently, Sections 607.0850(1) and (2) of the Florida Statutes), as may be amended from time to time, this Corporation shall indemnify its officers and directors, and may indemnify its employees and agents, from and against any and all of the expenses or liabilities incurred in defending a civil or criminal proceeding, or other matters referred to in or covered by said provisions, including advancement of expenses prior to the final disposition of such proceedings and amounts paid in settlement of such proceedings, both as to action in their official capacity and as to action in any other capacity while an officer, director, employee or agent. The indemnification provided herein shall not be deemed exclusive of any other rights to which those indemnified may be entitled under any Bylaw, agreement, vote of shareholders or disinterested directors or otherwise. The indemnification provided herein shall continue as to a person who has ceased to be a director, officer, employee, or agent, and shall insure to the benefit of the heirs, the personal and other legal representatives of such person, and an adjudication of liability shall not affect the right to indemnification for those indemnified.

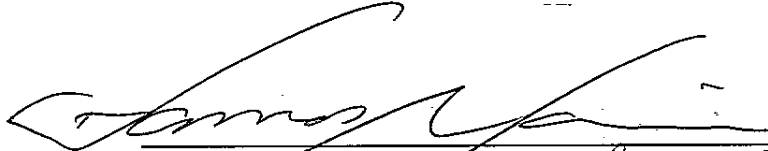
ARTICLE XII
AMENDMENT

The Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholder(s) is subject to this reservation.

ARTICLE XIII
BY-LAWS

The By-Laws may be adopted, altered, amended, or repealed by either the shareholders or the Board of Directors may not amend or repeal and By-Law adopted by shareholders if the shareholders specifically provide such By-Law is not subject to amendment or repeal by the directors.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of January 10, 2001.



HEALTHCARE RECEIVABLES MANAGEMENT, INC.,

Melissa Susan Levine

HEALTHCARE RECEIVABLES MANAGEMENT, INC., Registered Agent

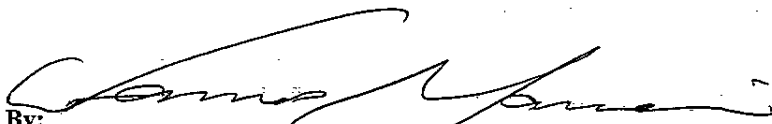
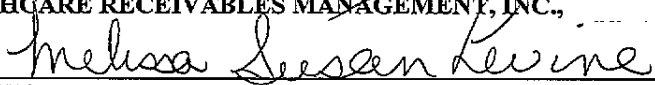
**CERTIFICATE DESIGNATING REGISTERED OFFICE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA:

HEALTHCARE RECEIVABLES MANAGEMENT, INC., a Corporation being organized under the laws of the State of Florida, designates as its registered office HEALTHCARE RECEIVABLES MANAGEMENT, and has named Melissa Susan Levine as its agents to accept service of process within the State of Florida.

ACKNOWLEDGMENT:

Having been named registered agent and to accept service of process for HEALTHCARE RECEIVABLES MANAGEMENT, INC. at the place designated in this Certificate, I hereby accept the appointment and agree to act in such 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. In compliance with Section 48.091, Florida Statutes, I agree to comply with the provisions of said Act with respect to keeping such office open.

By: 
HEALTHCARE RECEIVABLES MANAGEMENT, INC.,
By: 
HEALTHCARE RECEIVABLES MANAGEMENT, INC., REGISTERED AGENT

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