## TRANSMITTAL LETTER

## FOI 000012779

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

200003630772--4 -02/02/01--01084--015 \*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: /	MEDFUND FINANCIA	SERVICES, I	NC.
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
\$70.00 Filing Fee	nal and one(1) copy of the articl  \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM	: MICHAEL D. Name (P)	ASSEY rinted or typed)	·
	105 NW 75th	STREET, SUIT	<u> </u>
	GAINESVILLE City,	FL 3Z607 State & Zip	

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

Daytime Telephone number

352-333-3007

9/8/5

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)		
ARTICLE I NAME  The name of the corporation shall be:		
MEDFUND FINANCIAL SERVICES, INC	; ,	
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  105 NW 75 STREET, SUITE 3		· · · · -
GAINES VICLE, FL 32607  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:		
FINANCIAL SERVICES		
ARTICLE IV SHARES The number of shares of stock is:	7	1
500	a .	
ARTICLE V INITIAL OFFICERS DIRECTORS (options The name(s) and address(es):	<u>al)</u>	
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  MICHAEL D. MASSEY		
105 NW 75# STREET, SUITE 3		
GAINESVICLE, FL 32607	· · · · · · · · · · · · · · · · · · ·	
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
MICHAEL D. MASSEY 105 NW 75 BTREET, SUITE 3		
GAINESVICLE, FL 32607	· -	
********************	A's	9
Having been named as registered agent to accept service of process for the above st certificate. I am familiar with and accept the appointment as registered agent and agent agent and agent		************* designated in this
Signature/Registered Agent	Date ORATE	ë <b>Q</b> § <b>M</b>
Signature/Incorporator	1/29/	2/
Systemator incorporator	Daté /	