

TRANSMITTAL LETTER

P01000013564

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

APPROVED  
AND  
FILED  
01 FEB -6 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: MediChoice Express Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800003654448--6  
-02/06/01--01086--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

☐ \$70.00      \$78.75  
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**

FROM: Dennis Mullins  
Name (Printed or typed)  
6322 Sinkola Dr.  
Address  
TALLAHASSEE, FL 32312  
City, State & Zip  
850-893-4119  
Daytime Telephone number

01 FEB -6 PM 12:44  
DIVISION OF CORPORATION

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

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B  
2-4-01  
W

02/06/01

Articles of Incorporation

ARTICLES OF INCORPORATION

**ONE:** The name of this corporation is MediChoice Express Inc.

**TWO:** The principal place of business in this state of the corporation for the service of process is: P.O. Box 372092 Satellite Beach, FL 32937

**THREE:** The purpose of this corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of Florida other than the banking business, the trust company business, or the practice of a profession permitted to be incorporated by the Florida Corporation Code.

**FOUR:** This corporation is authorized to issue only one class of shares of stock which shall be designated common stock. The total number of shares it is authorized to issue is 100 shares.

**FIVE:** The names and addresses of the persons who are appointed to act as the initial directors of this corporation are:

Name	Address
Dennis Mullins	6322 Sinkola Dr. Tallahassee, FL 32312
Andre R. Crump	P.O. Box 372092 Satellite Beach, FL 32937
Audrey D. Mullins	6322 Sinkola Dr. Tallahassee, FL 32312

**SIX:** The Registered Agent is: Dennis Mullins 6322 Sinkola Dr. Tallahassee, FL 32312. The liability of the directors of the corporation for monetary damages shall be eliminated to the fullest extent permissible under Florida law.

**SEVEN:** The Incorporator is: Dennis Mullins 6322 Sinkola Dr. Tallahassee, FL 32312. The corporation is authorized to indemnify the directors and officers of the corporation to the fullest extent permissible under Florida law.

IN WITNESS WHEREOF, the undersigned, being all the persons named above as the initial directors, have executed these Articles of Incorporation.

Dated: February 6, 2001

*Dennis Mullins*  
*Andre R. Crump*  
*Audrey D. Mullins*

The undersigned, being all the persons named above as the initial directors, declare that they are the persons who executed the foregoing Articles of Incorporation, in which execution is their act and deed.

Dated: February 6, 2001

*Dennis Mullins*  
*Andre R. Crump*  
*Audrey D. Mullins*

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

→ 1. The name of the corporation is: Medi Choice Express Inc.

2. The name and address of the registered agent and office is:

Dennis Mullins  
(NAME)

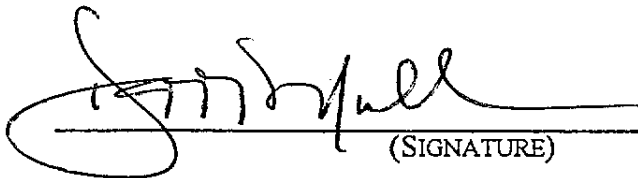
6322 Sinkola Dr

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tallahassee, FL 32312  
(CITY/STATE/ZIP)

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SECRETARY OF STATE

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this 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.*

  
(SIGNATURE)

2/6/01  
(DATE)