

# P010000029647

TRANSMITTAL LETTER

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

Subject Medical Reimbursement Advocates Inc.

600003877046--1  
-03/19/01--01082--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and two (2) copies of the articles of incorporation and a check for

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$122.50  
Filing Fee  
& Certified Copy  
(ADDT'L COPY REQ'D)

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate  
(ADDT'L COPY REQ'D)

FROM:	Nellie Akalp
	30141 Agoura Road, Suite 205 Agoura Hills, California 91301

FILED  
2001 MAR 19 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

g 3/22/01

ARTICLES OF INCORPORATION  
OF  
Medical Reimbursement Advocates Inc.

FILED

2001 MAR 19 PM 1:12

SECRETARY OF STATE  
TAMM KASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following articles of incorporation.

ARTICLE I NAME

The name of the Corporation shall be: Medical Reimbursement Advocates Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

988 Stonecreek Ct.  
Longwood, Florida 32779

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 1,000 at \$1.00 par value per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is:

Julia Elizabeth Graham  
988 Stonecreek Ct.  
Longwood, Florida 32779

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Nellie Akalp  
30141 Agoura Road, Suite 205  
Agoura Hills, California 91301

Nellie R Akalp

Nellie Akalp, Incorporator

3/2/01

Date

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.

Julia Elizabeth Graham

Julia Elizabeth Graham, Registered Agent

3-15-01

Date