

TRANSMITTAL LETTER

**A010000040607**

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

900004035629--8  
-04/20/01--01078--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: AMERICAN HEALTHCARD, 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: ANDREW J. LEVINE  
Name (Printed or typed)

902 CLINT MOORE RD. Suite 216  
Address

BOCA RATON FL 33487-2846  
City, State & Zip

561-241-4500  
Daytime Telephone number

FILED  
01 APR 20 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

gk 4/23

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

AMERICAN HEALTHCARD, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

902 CLINT MOORE ROAD  
SUITE 216  
BOCA RATON FL 33487-2846

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

membership and Administration For  
A DISCOUNT HEALTHCARD PROGRAM IN THE  
FIELD OF MEDICAL, DENTAL, PHARMACY, CHIROPRACTIC,  
VISION AND HEARING.

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ANDREW J. LEVINE (President)  
902 CLINT MOORE RD #216  
BOCA RATON FL 33487

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## ARTICLE VI REGISTERED AGENT

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

JOBINA M. LEVINE  
902 CLINT MOORE RD #216  
BOCA RATON FL 33487

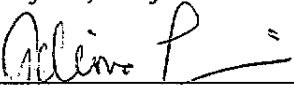
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

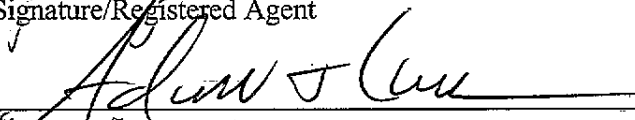
ANDREW J. LEVINE  
902 CLINT MOORE RD #216  
BOCA RATON FL 33487

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

  
\_\_\_\_\_  
Signature/Registered Agent

4-18-01  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

4-18-01  
\_\_\_\_\_  
Date