TRANSMITTAL LETTER

P01000119473

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

300004727633--9
-12/17/01--01021--003
*****70.00 *****70.00

SUBJECT: Prosperous Health Plus, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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: Jamie N. Johnson
Name (Printed or typed)

P.O. Box 40815
Address

Jacksonville, Fl. 32203
City, State & Zip

(904) 374-9353
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE FLORIDA
01 DEC 17 PM 1:33

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

12-18-01
3

FILED
01 DEC 17 PM 1:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Prosperous Health Plus, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business address is: 6651 Crestline Drive Jacksonville, Fl 32211
The mailing address is: P.O. Box 40815 Jacksonville, Fl 32203

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical billing contracting company. Assisting medical providers in both proper billing of patients and/or collections of debts.

ARTICLE IV SHARES

The number of shares of stock is: (1) One – which is owned 100% by Jamie N. Johnson.

ARTICLE V INITIAL OFFICERS/DIRECTORS

Jamie N. Johnson	**President**	**3501 Townsend Blvd. #184**	**Jacksonville, Fl 32277**
Latanya M. Johnson	**VP**	**3501 Townsend Blvd. #184**	**Jacksonville, Fl 32277**
Malcom L. Carter, Sr.	**VP**	**355 W. 6th Street**	**Jacksonville, Fl 32206**

ARTICLE VI REGISTERED AGENT

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

Jamie N. Johnson 3501 Townsend Blvd. #184 Jacksonville, Fl 32277

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Latanya M. Johnson 3501 Townsend Blvd. #184 Jacksonville, Fl 32277

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.

Jamie Johnson — 12-13-01
Signature/Registered Agent **Date**

Latanya Johnson — 12-13-01
Signature/Incorporator **Date**