DO1000119582

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

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SUBJECT: Affordable Medical Plans, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	a check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM	: Paul Kupfrian Name (Pr	rinted or typed)	
	1300 Comporate	Center Way	#03
	Wellington, FL City,	33414 State & Zip	
	(501) 333 - 10 Daytime To	elephone number	

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

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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:
ARTICLE I NAME The name of the corporation shall be: Affordable Medical Plans, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1300 Corporate Center Way #103 Wellington, FC 33414
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
Hearth Care Sowings
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): Paul C. Kupfnan 1901 Shower tree way Willington PC 33414
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Paul C. Kupfrian
1901 Shower tree way Weilington, FL 33414 ARTICLE VII INCORPORATOR
The <u>name and address</u> of the Incorporator is: Paw C. Kupfrian 1901 Snower Trec WON
Wellington, FC 33414

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
Parl C. Keplains 12-12-01
Paul C. Kupfnian Signature/Registered Agent Date

<u>/2-/2-01</u> Date