

TRANSMITTAL LETTER

FILED

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

02 APR -8 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT:

Medical Management Resources, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

200005153382-4
-03/25/02--01044--002
*****87.50 *****87.50

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:

Steve Mark

Name (Printed or typed)

7731 36th Lane E.

Address

Sarasota, Florida, 34243

City, State & Zip

(941) 359-6887

Daytime Telephone number

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

CB 4-19
W028903



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 29, 2002

STEVE MORK
7731 36TH LN E
SARASOTA, FL 34243

SUBJECT: MEDICAL MANAGEMENT RESOURCES, INC.
Ref. Number: W02000008903

We have received your document for MEDICAL MANAGEMENT RESOURCES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock
Document Specialist
New Filing Section

Letter Number: 602A00018856

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:

MEDICAL DEBT SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7731 36th Lane E.
Sarasota, Fl.
34243

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Advocacy.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Steve Mark
7731 36th Lane E.
Sarasota, Fl.
34243

ARTICLE VI REGISTERED AGENT

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

Steve Mark
7731 36th Lane E.
Sarasota, Fl. 34243

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Steve Mark
7731 36th Lane E.
Sarasota, Fl. 34243

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

Date

3-8-02

Signature/Incorporator

Date

3-8-02

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TALLAHASSEE, FLORIDA