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TRANSMITTAL LETTER

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

600005557086--9
-05/17/02--01037--021
*****78.75 *****78.75

SUBJECT: Charlene's Medical Business, 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: Charlene Juanita Brooks
Name (Printed or typed)

P.O. Box 621383
Address

Orlando, Fla 32862
City, State & Zip

407-438-6836
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY 17 PM 1:24

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

ARTICLES OF INCORPORATION

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY 17 PM 1:24

ARTICLE I NAME

The name of the corporation shall be:

Charlene's Medical Business, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. Box 621383 Orlando, Fla 32862

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Billing Data Entry

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Charlene Juanita Brooks - owner
P.O. Box 621383
Orlando, Fla 32862

ARTICLE VI REGISTERED AGENT

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

Charlene's Medical Business, Inc
P.O. Box 621383
Orlando Fla 32862

Physical address
6249 Bent Pine DR #911-A
Orlando, Fla 32822

Mailing address

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Charlene Juanita Brooks
P.O. Box 621383
Orlando Fla 32862

****

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

Charlene Juanita Brooks
Signature/Registered Agent

5-14-02
Date

Charlene Juanita Brooks
Signature/Incorporator

5-14-02
Date