

P020000 72440

TRANSMITTAL LETTER

CORPORATIONS DIVISION:

Please file the enclosed articles of incorporation and certificate of designation of registered agent/office.
Enclosed is:

- ☒ An original Articles of Incorporation
- ☒ One copy of the Articles of Incorporation
- ☐ Two copies of the Articles of Incorporation
- ☐ An original Certificate of Designation of Registered Agent/Office
- ☒ A check or money order in the amount of \$ 70.⁰⁰

700006159667--5
-07/02/02--01050--022
*****70.00 *****70.00

Optional Services Requested:

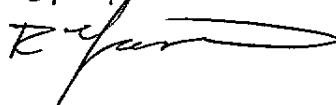
- ☒ No optional services are requested
- ☐ Please provide a certificate of incorporation.
- ☐ Please provide a certified copy of the articles of incorporation.
- ☐ Please provide a certified copy of the articles of incorporation and certificate of incorporation.
(An additional copy of the articles and \$131.25 fee are enclosed)

Corporate Name: Claims-Med, Inc.,

Incorporator's
Name: Ralph Yammine
Address: 650 West Avenue, Suite 1808
Miami, Florida 33139
Daytime Phone: 305-496-5000

Please send responses or receipts concerning this filing to the above address.
Thank you.

Date:
Signature of Incorporator:

6/20/02


J. BRYAN JUL - 2 2002

**ARTICLES OF INCORPORATION
OF**

Claims-Med, Inc.

Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned incorporator submits these articles of Incorporation for the purpose of forming a for-profit corporation.

Article 1. The name of the Corporation is:
Claims-Med, Inc.

Article 2. The principal place of business and mailing address of this corporation is:
**650 West Avenue, #1808
Miami, Florida 33139**

Article 3. The corporation is authorized to issue one class of stock, that being 10,000 shares of \$.001 par value, common stock, the transfer of which is restricted according to the bylaws of the corporation.

Article 4. The name and address of the corporation's initial registered agent is:
**Ralph Yammine
650 West Avenue, Suite 1808
Miami, Florida 33139**

Article 5. The name and street address of the incorporator of this corporation is:
**Ralph Yammine
650 West Avenue, Suite 1808
Miami, Florida 33139**

Article 6. The Corporation shall indemnify its directors, officers, employees, and agents to the fullest extent permitted by law.

Article 7. The initial Board of Directors shall consist of one member(s). The name and address of the person(s) who will serve on the initial Board of Directors is(are):
**Ralph Yammine
650 West Avenue, Suite 1808
Miami, Florida 33139**

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation on the date below.

Date: 6/30/02

Name of Incorporator: Ralph Yammine

Signature of Incorporator: 

FILED
2002 JUL -1 PM 12:52
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION
OF
REGISTERED OFFICE AND REGISTERED AGENT**

Pursuant to section 607.0501 of The Florida Business Corporation Act, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida.

1. The name and address of the corporation's registered agent and registered office is:

Corporation Name:	Claims-Med, Inc.
Name of registered agent:	Ralph Yammine
Street Address of registered agent:	650 West Avenue, Suite 1808 Miami, Florida 33139

FILED
2002 JUL -1 PM 12:52
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Having been named as the registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature of registered agent:



Date of signature:

6/20/02