TRANSMITTAL LETTER

Division of Corporation
P. O. Box 6327

Tallahassee, FL 32314

100007532681----03/05/02--01017--011 ******78.75 *****78.75

SUBJECT: TOM CAGLEY BILLING SERVICE 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	☑ k\$78.75	□ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
	, , , , , , , , , , , , , , , , , , , ,		& Certificate of
			Status
		ADDITIONAL COPY REQUIRED	

FROM: THOMAS CAGLEY

Name (Printed or typed)

900 Grace Ave.

Address

Lake Worth Fl. 33461

City, State & Zip

DIVISION OF CORPORATIONS

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

Daytime Telephone number

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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: TOM CAGLEY BILLING SERVICE INC. PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: (MOBIL) 900 Grace Aver Lake Worth Fl. 33461, **PURPOSE** <u>ARTICLE III</u> The purpose for which the corporation is organized is: Billing Service. SHARES ARTICLE IV The number of shares of stock is: FIVE HUNDRED OF ONE ARTICLE V INITIAL OFFICERS (DIRECTORS (optional) The name(s), address(es) and title(s): THOMAS CAGLEY 100% President .-REGISTERED AGENT The name and Florida street address of the registered agent is: Thomas Cagley 900 Grace Ave. Lake Worth Fl. 33461. INCORPORATOR ARTICLE VII The name and address of the Incorporator is: Tom Cagley 900 Grace Ave. Lake Worth Fl. 33461. 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

Signature/Incorporator

-09-03-02

Date

Date