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TRANSMITTAL LETTER

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

SUBJECT: R.	IACOBSON CONSULTING	, INC.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
S70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	RuthAnn Jacobson		
	P O Box 822	e (Printed or typed) Address	
	Anna Maria, Florida 34216 City, State & Zip		
	941 778 0838		<u> </u>
	Daytime Telephone number		

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)

ARTICLE I NAME

The name of the corporation shall be:

R JACOBSON CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P O Box 822 Anna Maria Florida 34216

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Providing consulting services in the healthcare field.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

RuthAnn Jacobson 514 Kumquat Drive Anna Maria, Florida 34216

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

RuthAnn Jacobson 514 Kumquat Drive Anna Maria, Florida, 34216

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

12-27-02

Date

12-27-02

Signature/Incorporator

OZ DEC 30 PH IZ: 50