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TRANSMITTAL LETTER

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

Subject <u>Click 'n Cluck Medical Dictation Inc.</u>

Enclosed is an original and two (2) copies of the articles of incorporation and a check for

\$70.00 Filing Fee

\$78.75 Filing Fee

& Certified Copy

\$78.75

\$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

(ADDITIONAL COPY REQUIRED)

FROM:

Nellie Akalp

Name

30141 Agoura Rd., Suite 205

Address

Agoura Hills, California 91301

City, State & Zip

818-879-9079

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

ARTICLES OF INCORPORATION Click 'n Cluck Medical Dictation Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida business Corporation Act, hereby adopts the following articles of incorporation.

ARTICLE	II	NAME

The name of the Corporation shall be: Click 'n Cluck Medical Dictation Inc.

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6270 SW 104th St. Miami, Florida 33156

SHARES *ARTICLE III*

The number of shares that this corporation is authorized to have outstanding at any one time is: 1500 at \$0.01 par value per share.

<u>INITIAL DIRECTORS</u>

The name(s) and address(s) of the initial Director(s) is/are:

Louis Gidel 6270 SW 104th St. Miami, Florida 33156

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Louis Gidel 6270 SW 104th St. Miami, Florida 33156

The name and address of the incorporator to these Articles of Incorporation is:

Nellie Akalp 30141 Agoura Rd., Suite 205 Agoura Hills, California 91301

Nellie Akalp, Incorporator

Having been named as 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.

Date