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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

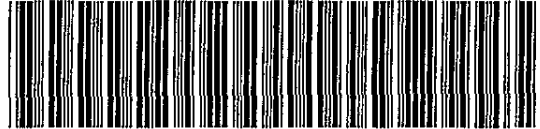
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TALLAHASSEE, FLORIDA

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42413

TRANSMITTAL LETTER

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

SUBJECT: Moore Medical Correspondence, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Lisa Moore

Name (Printed or typed)

1411 Banbury Loop North

Address

Lakeland, FL 33809

City, State & Zip

863-604-7514

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:

Moore Medical Correspondence, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1411 Banbury Loop North
Lakeland, FL 33809

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct the business to offer outsourcing of clerical/mangerial skills for professionals, i.e. doctors, attorneys

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Lisa Moore, President 1411 Banbury Loop North, Lakeland, FL 33809
Tim Moore, Vice President 1411 Banbury Loop North, Lakeland, FL 33809

ARTICLE VI REGISTERED AGENT

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

Tim Moore
1411 Banbury Loop North
Lakeland, FL 33809

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lisa Moore
1411 Banbury Loop North
Lakeland, FL 33809

Having been named as registered agent to accept service of process for the above stuted 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

Tim Moore
Signature/Registered Agent

4-2-04
Date

Lisa Moore
Signature/Incorporator

4-2-04
Date

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04 APR - 7 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA