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TRANSMITTAL LETTER

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

SUBJECT: PHYSICIANS PAYROLL & CONSULTING, 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	\$78.75 Filing Fee	\$87.50 Filing Fee,	
_	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status	
		ADDITIONAL CO		
FROM:	RALPH 2. K	e (Printed or typed)		
	3181 660	VAY W. Address		
,	ST. PETGRSBUR	26 FL. 33	710	04 SEP -
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	Daytime	Telephone number		
				1:22

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: PHYSICIANS PAYROLL + CONSULTING INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 801 WEST BAY DRIVE SUITE SIS LARGOIFL. 33770 ARTICLE III PURPOSE The purpose for which the corporation is organized is: PAYROLL + CONSULTING ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): RALPH Z. KLAR 801 WEST BAY DRIVE SUITE 515 LARBO, FL.33770 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: RALPH 7 KLAR 801 WEST BAY DRIVE SUITESIS LARGO, FL. 33770 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: RALPH Z.KLAR

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 | 9-3-04 |
| Signature/Incorporator | Date