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| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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TRANSMITTAL LETTER

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

| SUBJECT: MedAf | finity Corporation (PROPOSED CORPORA | TE NAME – <u>MÜŞT İNCL</u> | UDE SUFFIX) |
|-------------------------|---|--|----------------------------|
| Enclosed are an ori | ginal and one (1) copy of the art | icles of incorporation and | a check for: |
| □ \$70.00 Filing Fee | □ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | & Certificate of Status |
| FROM: | James Lawrence Aultman Name (Printed or typed) | | |
| | 3019 Shannon Lakes N., Ste. 203 Address Tallahassee, FL 32309 | | |
| | | , State & Zip | |
| | 850 216-1204 Daytime | Telephone number | <u></u> |

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:

MedAffinity Corporation



ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3019 Shannon Lakes N., Ste.203
Tallahassee, FL 32309

The purpose for which the corporation is organized is:

to engage in any lawful act or activity for which a corporation may be organized under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is:

Ten Million (10,000,000) shares of Class A common voting stock, par value \$0,001 per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

James Lawrence Aultman, 3019 Shannon Lakes N., Ste 203, Tallahassee, FL 32309 CEO Dustin Alan Holt, 149 Water Oak, Albany, GA 31701 Chairman Shelley Aultman, 3019 Shannon Lakes N., Ste. 203, Tallahassee, Fl 32309 Secretary

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

James Lawrence Aultman 3019 Shannon Lakes N., Ste. 203, Tallahassee, FL 32309

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

James Lawrence Aultman 3019 Shannon Lakes N., Ste. 203, Tallahassee, FL 32309

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 Date

Signature/Incorporator

3/16/05
Date