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(City/State/Zip/Phone #)

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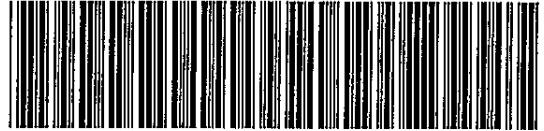
(Business Entity Name)

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05 JUN 27 - AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/28/✓

TRANSMITTAL LETTER

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

SUBJECT: Preferred Medical-Legal 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
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: JESSICA DAYANA PORTU MSN, ARNP, CLNC
Name (Printed or typed)

11546 54 STREET NORTH
Address

ROYAL PALM BEACH, FL 33411
City, State & Zip

561 753 0096
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:

Preferred Medical-Legal Consulting, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11546 54 ST. NORTH. Royal Palm Beach, FL 33411

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Consulting on medical-legal cases for attorney's

ARTICLE IV SHARES

The number of shares of stock is:

NONE ONE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President - Jessica D. Portu MSN, ARNP, CLNC
11546 54 ST. NORTH
Royal Palm Beach, FL 33411

ARTICLE VI REGISTERED AGENT

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

Martin Portu
11546 54 ST. NORTH
Royal Palm Beach, FL 33411

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jessica D. Portu
11546 54 ST. NORTH.
Royal Palm Beach.

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

Date

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TALLAHASSEE, FLORIDA