

PO6000102953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

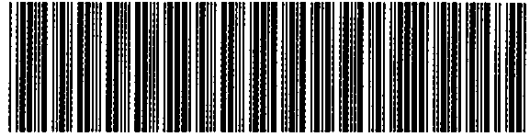
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 AUG -7 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Med-Fraud Solutions, 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: Med-Fraud Solutions, Inc.
Name (Printed or typed)

14602 Corkwood Drive
Address

Tampa, FL 33626
City, State & Zip

(813) 855-9090
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:

Med-Fraud Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

14602 Corkwood Drive
Tampa, FL 33626

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business consulting - Solutions for medical fraud

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):

Alice H. Pandolfi 14602 Corkwood Drive Tampa, FL 33626
Gilbert D. Pandolfi 14602 Corkwood Drive Tampa, FL 33626

ARTICLE VI REGISTERED AGENT

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

Mario E. Rodriguez, CPA, PA
13200 McCormick Drive
Tampa, FL 33626

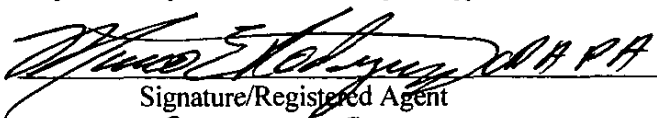
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Alice H. Pandolfi 14602 Corkwood Drive Tampa, FL 33626

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TALLAHASSEE, FLORIDA

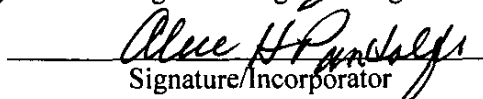
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

7/5/06

Date



Signature/Incorporator

7/5/06

Date