

P10000026505

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10 MAR 25 PM 12:50

SECRETARY OF STATE
JALASKA, ALASKA

3-26-10

COVER LETTER

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

SUBJECT: Exclusive Provider Network Services, 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: Clemencia Acosta

Name (Printed or typed)

1402 Brickell Bay Dr, Apt 401

Address

Miami, FL 33131

City, State & Zip

305-215-1067

Daytime Telephone number

clemenciaa333@yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

March 22, 2010

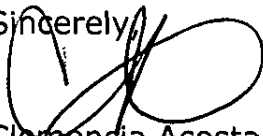
Florida Department of State
Division of Corporations

To Whom It May Concern:

I Clemencia Acosta, President of Exclusive Provider Network Services, Inc state that I have no intentions of revoking the dissolution of the said corporation and now release the name to the new corporation: **Exclusive Providers Network Services, Inc.** that is filing for said name.

Enclosed are the new articles and a check in the amount of \$70.00.

Sincerely,



Clemencia Acosta

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10 MAR 25 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Exclusive provider Network Services, Inc

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1402 Brickell Bay Dr, Apt 401

Miami, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to develop health care provider networks

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):

Clemencia	President	1402 Brickell
Acosta		Bay Dr, Apt 401
		Miami, FL 33131

ARTICLE VI REGISTERED AGENT

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

Clemencia Acosta
1402 Brickell Bay Dr
Apt 401
Miami, FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Clemencia Acosta
1402 Brickell Bay Dr
Apt 401
Miami, FL 33131

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

Signature/Incorporator

FILED
10 MAR 25 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/22/10

Date

3/22/10

Date