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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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• COVER LETTER

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

SUBJECT: A. Brown Medical 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: ANNETTE Y. BROWN

Name (Printed or typed)

2603 PHLOX STREET

Address

JACKSONVILLE, FL 32209

City, State & Zip

904-764-0938

Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

A. Brown Medical Service Inc.

ARTICLE II PRINCIPAL OFFICE

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

2603 Phlox Street Jacksonville, FL 32209

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide telephone survey services

ARTICLE IV SHARES

The number of shares of stock is:

1200 shares-The shares are distributed equally.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Annette Y. Brown	Sandra Y. Bevel	Dora L. Adams, Officer
CEO-2603 Phlox Street, Jacksonville, FL 32209	Officer, 10959 Lydia Estates Dr. East Jacksonville, FL 32218	10928 Lydia Estates Dr. Jacksonville, FL 32218

ARTICLE VI REGISTERED AGENT

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

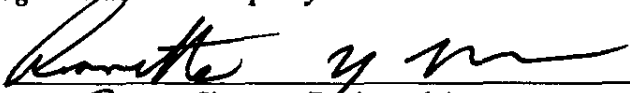
Annette Y. Brown, 2603 Phlox Street, Jacksonville, FL 32209

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Annette Y. Brown 2603 Phlox Street, Jacksonville, FL 32209

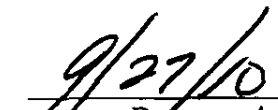
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



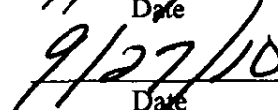
Signature/Registered Agent



Signature/Incorporator



Date



Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA