

P 11000 101104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

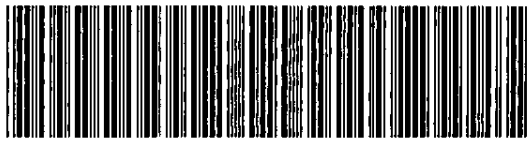
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 NOV 22 PM 2:26

J 11/28/11

COVER LETTER

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

SUBJECT: eRX Software 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: Leslie Addison
Name (Printed or typed)

19025 NW 14th Road
Address

Miami, Florida 33169
City, State & Zip

202-669-3438
Daytime Telephone number

laddison16@yahoo.com
E-mail address: (to be used for future annual report notification)

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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)

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SECRETARY OF STATE
DIVISION OF CORPORATION

ARTICLE I NAME
The name of the corporation shall be: eRx Software Solutions, Inc.

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ARTICLE II PRINCIPAL OFFICE
Principal street address: 19025 NW 14th Road
Miami, Florida 33169
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
To provide software solutions that help pharmacists and medical practices to rapidly and accurately process health insurance claims for its patients.

ARTICLE IV SHARES
The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Leslie Addison</u>	Name and Title: _____
Address: <u>19025 NW 14th Road</u>	Address: _____
<u>Miami, Florida 33169</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Leslie Addison
Address: 19025 NW 14th Road
Miami, Florida 33169

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Leslie Addison
Address: 9025 NW 14th Road
Miami, Florida 33169

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

Leslie Addison Required Signature/Registered Agent 11/17/11 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Leslie Addison Required Signature/Incorporator 11/11/11 Date