

P 11000 101104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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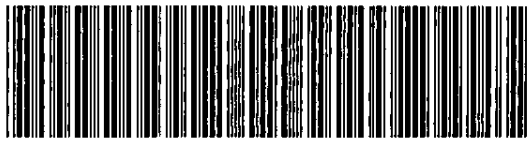
(Business Entity Name)

(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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**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