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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 MAY 15 PM 1:20

VH

COVER LETTER

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

SUBJECT: **First Medical Management Group 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **Elise Nocella**
Name (Printed or typed)

285 Mooreston-Mt. Laurel Rd
Address

Mt. Laurel, NJ 08054
City, State & Zip

609-668-2316
Daytime Telephone number

nocella2012elise@aol.com
E-mail address: (to be used for future annual report notification)

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: First Medical Management Group Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4514 Church Road

Mt. Laurel, NJ 08054

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Management consulting

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elise Nocella, President Name and Title: _____

Address 285 Mooreston-Mt. Laurel Rd Address: _____
Mt. Laurel, NJ 08054

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont.)

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SECRETARY OF
DIVISION OF CORPORATIONS

2014 MAY 15 PM 4:20

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:

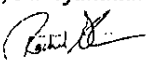
Name: NRAI Services Inc.
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Elise Nocella
Address: 285 Moorestown-Mt. Laurel Road
Mt. Laurel, NJ 08054

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

By:  Rachel Glasheen, VP & Assistant Secretary

NRAI Services, Inc.

04/29/2014

Required Signature/Registered Agent

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.



Required Signature/Incorporator

5/9/14
Date