

**Electronic Articles of Incorporation
For**

P14000067309
FILED
August 05, 2014
Sec. Of State
adunlap

HEALTHCARE RECEIVABLES MANAGEMENT, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

HEALTHCARE RECEIVABLES MANAGEMENT, INC.

Article II

The principal place of business address:

1915 N E 15 ST
#202
FORT LAUDERDALE, FL. 33308

The mailing address of the corporation is:

1941 N W 32 ST
OAKLAND PARK, FL. 33309

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

1000

Article V

The name and Florida street address of the registered agent is:

MELISSA MANCINI
1941 N W 32 ST
OAKLAND PARK, FL. 33309

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: MELISSA MANCINI

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Article VI

The name and address of the incorporator is:

MELISSA MANCINI
1941 N W 32 ST

OAKLAND PARK, FL 33309

Electronic Signature of Incorporator: MELISSA MANCINI

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: D
MELISSA MANCINI
1941 N W 32 ST
OAKLAN PARK, FL. 33309

Article VIII

The effective date for this corporation shall be:

08/05/2014

A14000067309

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

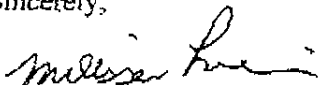
To Whom It May Concern,

Please not I have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P11000084618 (HEALTHCARE RECEIVABLES MANAGEMENT, INC).

Thank you for your time in this matter.

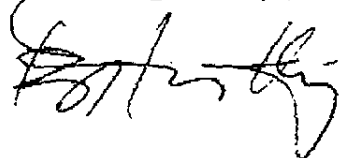
Sincerely,



Melissa Mancini



DRENDA J. HARTLEY
NOTARY PUBLIC
STATE OF FLORIDA
Comm# EE193656
Expires 1/25/2018

FD/16 M525-557-74-742-0
 - EXP. 7/2/20