

**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

P14000067309  
FILED  
August 05, 2014  
Sec. Of State  
adunlap

## **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

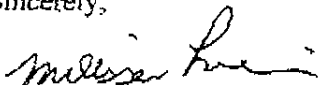
To Whom It May Concern,

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