

P20000012042

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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303

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ARTICLES

1. **MOORE MEDICARE OPTIONS, INC**

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF INCORPORATION**  
**FOR**  
**MOORE MEDICARE OPTIONS, INC**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I - NAME**

The name of the corporation is

**Moore Medicare Options, Inc**

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation is 740 4<sup>th</sup> Street North, #170, St. Petersburg, FL 33701.

**ARTICLE III - OFFICER(S)**

The name and address of the initial officer(s) or director(s) is

President/Director - Lisa Moore  
740 4<sup>th</sup> Street North, #170  
St. Petersburg, FL 33701

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#### **ARTICLE IV - SHARES**

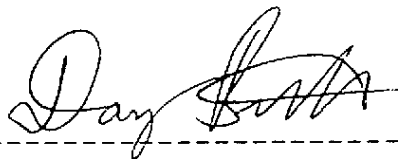
The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) common shares having a par value of one dollar (\$1.00) per share.

#### **ARTICLE V - INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent for this corporation is James N. Bradford, Jr., 14160 Palmetto Frontage Road, Suite 32, Miami Lakes, FL 33016.

#### **ARTICLE VI - INCORPORATOR**

The name and address of the incorporator for this corporation is Corporate Access, Inc., 236 East 6th Avenue, Tallahassee, Florida 32303.

A handwritten signature in cursive script, appearing to read "Danny Bennett", is written over a horizontal dashed line.

Corporate Access, Inc.  
President - Danny Bennett

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

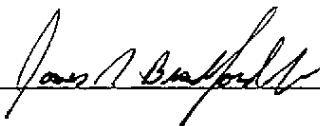
The name of the corporation is

**Moore Medicare Options, Inc**

The name and address of the registered agent is

James N. Bradford, Jr.  
14160 Palmetto Frontage Road  
Suite 32  
Miami Lakes, FL 33016

Having been named registered agent for the stated corporation, I hereby accept the appointment as registered agent and am familiar with and accept the obligations of my position.



\_\_\_\_\_  
Signature  
Date: