TRANSMITTAL LETTER Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 ERENELT. PRESS. 1 MedArs Claims Corp. SUBJECT: (Proposed corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check for : \$70.00 \$78.75 \$122.50 \$131.25 Filing Fee & Certificate Filing Fee, Certified Copy & Certificate Filing Fee Filing Fee & Certified Copy FROM: <u>Kevin M.</u> Sakuta Name (printed or typed) 1193 Enterprise Drive, Unit A-3 Address Port Charlotte, FL 33953 Pm6/23/95 City, State & Zip (813)743-7934 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 23, 1995

KEVIN M. SAKUTA 1193 ENTERPRISE DRIVE UNIT A-3 PORT CHARLOTTE, FL 33953

SUBJECT: MEDARS CLAIMS CORP. Ref. Number: W95000012866

We have received your document for MEDARS CLAIMS CORP, and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6923.

Doris McDuffie Corporate Specialist Supervisor

Letter Number: 995A00030931

ARTICLES OF INCORPORATION 93 UNITS PUBLIC

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The undersigned incorporator(s), 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 shall be:

MedArs Claims Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1193 Enterprise Dr., Unit A-3 Port Charlotte, FL 33953

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Kevin M. Sakuta 1193 Enterprise Dr., A-3 Port Charlotte, FL 33953

ARTICLE V INCORPORATOR(S)

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The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Kevin M. Sakuta 3494 Brooklyn Ave. Port Charlotte, FL 33952	(400)
J. Phillip Turner 1012 Webster St. Port Charlotte, FL 33948	(400)
Willie Sakuta 3494 Brookly Ave. Port Charlotte, FL 33952	(100)
Patricia Damico 1631 Abalom St. Port Charlotte, FL 33980	(100)

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this



Articles of Incorporation Filing Fee - \$35

	CERTIFICATE OF DESIGNATION OF
RE	GISTERED AGENT/REGISTERED OFFICE
PURSUANT STATUTES OF THE STA NATING TH FLORIDA.	TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS TE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIG- E REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF
1. The nam	of the corporation is:MedArs Claims Corp
2. The nam	and address of the registered agent and office is: Kevin M. Sakuta
	(ivame)
	1193 Enterprise Dr., Unit A-3
	(P.O. Box <u>not</u> acceptable)
	(P.O. BOX <u>nor</u> acceptable) <u>Port Charlotte, FL 33953</u> (City/State/Zip)

(Signature) (Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314