TRANSMITTAL LETTER

P95000051575

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

100001527251
-06/29/95--01070--003
****131.25 ****131.25

SUBJECT: NATIONAL MEDCARD, INC.
(Proposed corporate name - must include suffix)

FILED
95 JUN 29 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ $70.00 Filing Fee

☐ $78.75 Filing Fee & Certificate

☐ $122.50 Filing Fee & Certified Copy

☒ $131.25 Filing Fee, Certified Copy & Certificate

Additional Copy Required

FROM: VALAY S KENNEDY
Name (printed or typed)

3901 LYMESTONE DRIVE
Address

Cooper City, FL 33026
City, State & Zip

(305) 433-4565
Daytime Telephone number

DAP 6.95
7.3.95

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

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 28, 1995

VALAY S. KENNEDY
3904 LYMESTONE DR.
COOPER CITY, FL 33026

The name NATIONAL MEDCARD, INC. has been reserved for 120 days beginning February 28, 1995. The reservation number is R95000000847 and this reservation is **NONRENEWABLE.**

A reservation is not a grant of authority to use the name. It is only a withholding of a name from its availability for use by another. When the proposed document is submitted, the name will **AGAIN** be checked against the records of the Division and if still no conflict exists and all other requirements are fulfilled, the reserved name shall be filed as the entity name.

The Division of Corporations is a ministerial filing office and may not render any legal advice. The Division does not adjudicate the legality of any corporate name or arbitrate disputes between entities. You may wish to review other laws such as common law rights, including rights to a trade name; United States Code, Federal Trademark Act, Section 1051 (Lantham Act); Chapter 495, Florida Statutes, Registration of Trademarks and Service Marks (Florida Trademark Act); and Section 865.09, Florida Statutes (Fictitious Name Act).

If someone else submits the document for filing, it must have a copy of this letter attached.

Should you have any questions regarding this matter, please telephone (904) 488-9000, the Name Availability Section

Tammy Hampton

Letter number: 395A00008844

FILED

95 JUN 29 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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:

NATIONAL MEDCARD, INC.

ARTICLE II PRINCIPAL OFFICE

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

3904 LYMESTONE DRIVE
Cooper City, FL 33026

ARTICLE III SHARES

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

50,000,000 (50 million)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PAUL H. BENNETT
11820 SW 99 Dr Ct.
Miami, FL 33176

X _____
ACCEPTANCE OF DESIGNATION
AS REGISTERED AGENT

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

1) VALAY S KENNEDY
3904 LYMESTONE DR
COOPER City, FL 33026

2) JAMES C. KENNEDY
3904 LYMESTONE DR
Cooper City, FL 33026

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

26 day of JUNE, 19 95.

Valay S. Kennedy
Signature

James C Kennedy
Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

1. The name of the corporation is: NATIONAL MEDCARD, INC.

2. The name and address of the registered agent and office is:

PAUL H. BENNETT
(NAME)

11820 SW 99th CT.
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

MIAMI, FLORIDA 33176
(CITY/STATE/ZIP)

FILED
95 JUN 29 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Paul H. Bennett
(SIGNATURE)

6/27/95
(DATE)

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