

P95000069983

TRANSMITTAL LETTER

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

300001579428
-09/07/95--01040--007
****122.50 ****122.50

SUBJECT: MEDISTAT CLAIMS, INC
(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Charles M. MacNogueir
Name (printed or typed)

5500 SW. 104 AVENUE
Address

MIAMI FLORIDA 33165
City, State & Zip

(305) 598 0956
Daytime Telephone number

FILED
SEP 7 11:11:45
TALLAHASSEE, FLORIDA

SN SEP 12 1995

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

FILED

ARTICLES OF INCORPORATION

SEP-7 AM 11:45

TALLAHASSEE, FLORIDA

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:

ADMINISTRATIVE CLAIMS INC.

ARTICLE II PRINCIPAL OFFICE

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

5500 S.W. 104 AVENUE
MIAMI FLORIDA 33165

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Office of Administrative
5500 S.W. 104 AVENUE
MIAMI FLORIDA 33165

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).

Charles A. Marozzi
1000 1st St. NW
Albany
Alaska 99701

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

5 day of SEPTEMBER, 19 95.

Charles A. Marozzi
Signature

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: MEDICAL CLAIMS, INC.

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

Carlton M. Mannocchia
(NAME)

5500 SW 104 AVENUE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI FLORIDA 33165
(CITY/STATE/ZIP)

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.

Carlton M. Mannocchia
(SIGNATURE)

SEPTEMBER 1 1997
(DATE)

TALLAHASSEE, FLORIDA
95 SEP - 7 AM 11:45
FILED

P95000069983

— Medistat Claims —
— 5500 SW 104 Ave —
— Miami FLA. 33165 —

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

500001665765
-12/19/95--01033--011
*****35.00 *****35.00

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 18 PM 1:29

SH DEC 26 1995

Examiner's Initials

ARTICLES OF DISSOLUTION

OF

MEDISTAT CLAIMS, INC.

FILED
SECRETARY OF STATE
CORPORATIONS
95 DEC 18 PM 1:30

ARTICLE I

THE NAME OF THE CORPORATION IS: MEDISTAT CLAIMS, INC.

ARTICLE II

THE NAME AND ADDRESS OF ITS OFFICERS:

<u>NAME:</u>	<u>ADDRESS:</u>	<u>OFFICE:</u>	<u>%SHARES:</u>
CARLOS M. MARROQUIN	5500 S.W. 104 AVE. MIAMI, FL 33165	PRESIDENT SEC/TREASURER	100%

ARTICLE III

THE NAME AND ADDRESS OF ITS DIRECTORS:

<u>NAME:</u>	<u>ADDRESS:</u>
CARLOS M. MARROQUIN	5500 S.W. 104 AVE. MIAMI, FL 33165

ARTICLE IV

THAT ALL LIABILITIES AND OBLIGATIONS OF THE CORPORATION HAS BEEN PAID IN FULL INCLUDING FEDERAL, STATE COUNTY AND CITY TAXES.

ARTICLE V

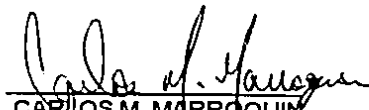
THAT THE ASSETS OF THE CORPORATION CONSISTING OF CASH, EQUIPMENT AND FURNITURE HAVE BEEN DISTRIBUTED TO ITS SHAREHOLDERS.

ARTICLE VI

THAT THERE ARE NO ACTIONS PENDING AGAINST THE CORPORATION IN ANY COURT.

ARTICLE VII

THAT SPECIAL MEETING OF THE BOARD OF DIRECTORS WAS HELD AND COPIES ARE ATTACHED TO THE ARTICLES OF DISSOLUTIONS.


CARLOS M. MARROQUIN
DIRECTOR.

MINUTES OF SPECIAL MEETING OF THE BOARD
OF DIRECTORS AND STOCKHOLDERS OF:
MEDISTAT CLAIMS, INC.

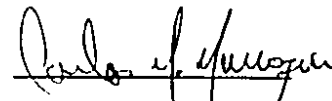
HELD AT THE OFFICE OF THE CORPORATION ON THE 1ST DAY OF
NOVEMBER 1995.

PRESENT: CARLOS M. MARROQUIN DIRECTOR BEING ALL THE DIRECTORS
AND THE MAJORITY OF THE STOCKHOLDERS OF THE CORPORATION
CARLOS M. MARROQUIN ACTED AS CHAIRMAN AND SECRETARY.

THE SECRETARY THEN PRESENTED AND READ TO THE MEETING A
WAIVER OF NOTICE OF MEETING SUBSCRIBED BY THE DIRECTORS.
UPON MOTION DULY MADE ARE CARRIED, IT WAS RESOLVED THAT
THE SAME BE ORDERED ON FILE AND THE SECRETARY BE REQUESTED
TO CAUSE THE SAME TO BE SPREAD AT LENGTH UPON THE MINUTES.

THE CHAIRMAN THEN PRESENTED THAT BECAUSE OF LACK OF
BUSINESS AND THE LOSSES OF THE CORPORATION IT WAS WISE TO
DISSOLVE THE CORPORATION. HE ALSO STATED THAT THE CORPORATION
HAS PAID IN FULL ALL LIABILITIES AND OBLIGATIONS.

ON MOTION DULY MADE, SECONDED AND UNANIMOUSLY CARRIED THEN, THE
SECRETARY WAS DIRECTED TO WRITE TO THE SECRETARY OF STATE THE ARTICLES OF
DISSOLUTIONS AND FURTHER TO APPEND COPIES OF THE
DOCUMENTS MENTIONED HEREIN IN THE MINUTE BOOK.

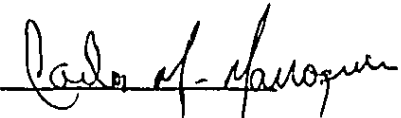


CARLOS M. MARROQUIN

WAIVER OF NOTICE OF SPECIAL
JOINT MEETING OF THE BOARD OF
DIRECTORS AND STOCKHOLDERS OF
MEDISTAT CLAIMS, INC.

PLEASE TAKE NOTICE that a Special meeting of the board of directors and Stockholders of MEDISTAT CLAIMS, INC., Will be held at the office of the corporation, on the 1st day November at 9:00 o'clock in the morning for the purpose of Dissolving the Corporation.

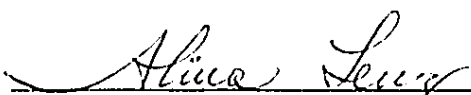
November 1st 1995


CARLOS M. MARROQUIN

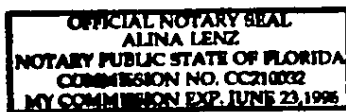
STATE OF FLORIDA)
COUNTY OF DADE)

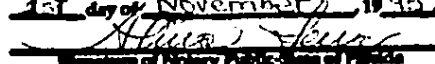
Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared Carlos M. Marroquin, known to me and known by me to be the person who executed the foregoing Articles of Dissolution, and they acknowledged that they executed same.

IN WITNESS WHEREOF, I have herein to set my hand and affixed my official seal, in the State aforesaid, this 1st day of November 1995.


NOTARY PUBLIC STATE OF FLORIDA.
AT LARGE

MY COMMISSION EXPIRES:



Sworn to and subscribed before me this
1st day of November, 1995.

Signature of Notary Public State of Florida
ALINA LENZ
Print, Type or Stamp Name of Notary Public
☒ Personally known to me, or
☐ Produced Identification: _____
Type of Identification