

P960000083875

TRANSMITTAL LETTER

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

SUBJECT: Health Resources Network Inc.
(Proposed corporate name - must include suffix)

60000196675E
-10/07/96--01061--015
*****78.75 *****78.75

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: Eric Lawrence Mings
Name (Printed or typed)

1020 W Princeton St.
Address

Orlando FL 32804
City, State & Zip

407 292 9111
Daytime Telephone number

FILED
96 OCT -7 PM 2:28
TALLAHASSEE, FLORIDA

Dmc
10/10/96

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

ARTICLES OF INCORPORATION

FILED

96 OCT -7 PM 2:28

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:

Health Resources Network Inc.

ARTICLE II PRINCIPAL OFFICE

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

1020 W Princeton St.
Orlando FL 32804

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Eric Mings
1020 W Princeton St.
Orlando FL 32804

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):

Eric Lawrence Mings
1020 W Princeton St.
Orlando FL 32804

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

30 day of September, 19 9/2.

(An additional article must be added if an effective date is requested.)

Eric Lawrence Mings
Signature

Signature

Signature

Notarization is not required

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**

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OCT-7 PM 2:28

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: Health Resources Network Inc.

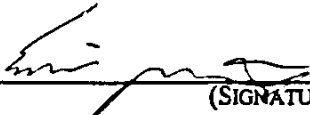
2. The name and address of the registered agent and office is:

Eric Mings
(NAME)

1020 W Princeton St.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Orlando FL 32304
(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.


(SIGNATURE)

9/30/96
(DATE)