TRANSMITTAL LETTER

P97000006432

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

SUBJECT: Optimal Practice Management Systems Corp.
(Proposed corporate name - must include suffix)

900002060769--4
-01/16/97--01092--011
****131.25 ****131.25

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: Michael P. Burke
Name (Printed or typed)

9166 SW 21st Cort, Unit "C"
Address

Boca Raton, Florida 33428
City, State & Zip

(954) 974-7533/ (954) 360-1406
Daytime Telephone number

FILED
97 JAN 16 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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.

FILED
97 JAN 16 AM 9:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Optimal Practice Management Systems Corp.

ARTICLE II PRINCIPAL OFFICE

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

9166 SW 21 Cort,
Unit "C"
Boca Raton, Florida 33428

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
5,000,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Michael P. Burke
2380 NW 36 Avenue,
COconut Creek, Florida 33066

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):

Michael P. Burke
2380 NW 36 Avenue
Coconut Creek, Florida 33066

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

13th day of January, 1997.

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

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

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 Optimal Practice Management Systems Corp.

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

Michael P. Burke
(NAME)

2380 NW 26 Avenue,
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

Coconut Creek, Florida 33066
(CITY/STATE/ZIP)

FILED
97 JAN 15 AM 9:10
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.

(SIGNATURE) (DATE) 13 Jan 97

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