

P97000059188

TRANSMITTAL LETTER

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

SUBJECT:

Medical Verification Systems, Inc.
(Proposed corporate name - must include suffix)

300002231159--2
-07/07/97--01084--021
*****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:

Leyah Thomas
Name (Printed or typed)

3369 N.W. 22nd COURT
Address

Lauderdale Lakes, FL 33311
City, State & Zip

954-850-9288 / 733-7082
Daytime Telephone number

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

FILED
97 JUL -7 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

nu 7/8/97

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:

Medical Verification Systems, Inc.

ARTICLE II PRINCIPAL OFFICE

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

*3369 N.W. 22nd Court
Lauderdale Lakes, FL 33311*

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TALLAHASSEE, FLORIDA

ARTICLE III SHARES

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

1 (one)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Legeth Thomas
3369 N.W. 22nd Court
Lauderdale Lakes, FL 33311*

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):

*Leylah Thomas, President
3369 N.W. 22nd Court
Lauderlake Lakes, FL 33311*

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

1 day of July, 19 97.

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

Leylah Thomas

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 Medical Verification Systems, Inc.

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

Leyah Thomas
(NAME)

3369 N.W. 22nd Court
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

Lauderdale Lakes, FL 33311
(CITY/STATE/ZIP)

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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.

Leyah Thomas
(SIGNATURE)

July 1, 1997
(DATE)

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