

797000070371
TRANSMITTAL LETTER

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

200002264652--3
-08/12/97--01060--014
*****78.75 *****78.75

SUBJECT: Medical Claims Center, 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: Mark Burgett
Name (Printed or typed)

11601 4th Street North #1311
Address

St Petersburg, FL 33716
City, State & Zip

813-579-4543
Daytime Telephone number

FILED
97 AUG 12 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AL AUG 14 1997
NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

FILED
97 AUG 12 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Medical Claims Center, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
11601 4th Street North #1311

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Mark Burgett
11601 4th Street North 1311
St Petersburg, FL 33716

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Mark Burgett
11601 4th Street North #1311



Signature/Incorporator

8-5-97

Date

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

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/Registered Agent

8-5-97

Date