TRANSMITTAL LETTER 97000075166

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

SUBJECT:	ANTHEM	CORPORATION (Proposed	l corporate name - must includ	300002281 -08/29/97-	 1 6 1 8
Enclosed is an	original and	one(1) copy of the artic	cles of incorporation and a		
S70. Filing F		\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
			ADDITIONAL COPY REQUIRED		
FR	OM: <u>Ka</u>	thy Looze	(Printed or typed)		`
P.O. Box 161697 Address					97 1
		7-786-4321	s. Fl 32716-1697 y, State & Zip		CHETARY OF A PAPE

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

Daytime Telephone number

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.

ARTICLE I NAME

The name of the corporation shall be:

ANTHEM CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 161697

Altamonte Springs, Fl 32716-1697

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Kathy Looze

1076 w. State Road 436 Suite A

ARTICLE Onte AVEORPORATOR 2714

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Kathy Looze

P.O. Box 161697

Altamonte Springs, Fl 32716-1697

Kethylog 8/27/97
Signature/Incorporator 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 Date