

TRANSMITTAL LETTER

P980000006653

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

SUBJECT: **MediFast Claims, Inc.**

(Proposed corporate name - must include suffix)

100002399501--1
-01/14/98--01040--005
****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: **W. Frank Debogorski - President**

Name (Printed or typed)

4300 S. US Hwy #1, Suite 203-333

Address

Jupiter, FL 33477

City, State & Zip

(561) 743-7741

Daytime Telephone number

disconnected

FILED
98 JAN 22 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

4M-122/98 W98-1004



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

January 15, 1998

W. FRANK DEBOGORSKI
4300 S US HWY #1, STE 203-333
JUPITER, FL 33477

SUBJECT: MEDIFAST CLAIMS, INC.
Ref. Number: W98000001004

We have received your document for MEDIFAST CLAIMS, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6926.

Tracy Meyer
Document Specialist

Letter Number: 198A00002283

MediFast Claims, Inc.
W. Frank Debogorski - President
4300 S. US Hwy #1, Suite 203-333
Jupiter, FL 33477

January 20, 1998

Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314
Attn.: Ms. Tracy Meyer, Document Specialist

SUBJECT: MediFast Claims, Inc.
Ref. Number: W98000001004

Dear Ms. Meyer:

Thank you for your letter of January 15, 1998. As requested, I am returning the corrected document stating 100 (one hundred) shares of authorized stock for my corporation.

If you have any questions concerning the filing of my document, I can be reached in my office at (561) 434-8062 from 8:00 A.M. to 4:30 P.M. or evenings and weekends (561) 743-7741 at home.

Sincerely,



W. Frank Debogorski, President
MediFast Claims, Inc.

Enclosures: 4 sheets

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:

MediFast Claims, Inc.

ARTICLE II PRINCIPAL OFFICE

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

**4300 S. US Hwy #1, Suite 203-333
Jupiter, FL 33477**

ARTICLE III SHARES

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

100 - (one hundred)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**W. Frank Debogorski - President
155 Ridge Road, Jupiter, FL 33477**

ARTICLE V INCORPORATOR

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

**W. Frank Debogorski - President
155 Ridge Road, Jupiter, FL 33477**

W.F. Debogorski
Signature/Incorporator

January 20, 1998.
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

W.F. Debogorski
Signature/Registered Agent

January 20, 1998.
Date

FILED
98 JAN 22 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA