

TRANSMITTAL LETTER

P980000046417

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

SUBJECT:

MedSaver, Inc.

(Proposed corporate name - must include suffix)

500002530015--8  
-05/20/98--01049--013  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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:

Gina S. Russ

Name (Printed or typed)

2800 Sunset Drive

Address

Miami Beach, Fla 33140

City, State & Zip

(305) 673-1522

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

08 MAY 20 PM 2:00

FILED

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

*[Handwritten signature]*  
5/21/98

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**ARTICLES OF INCORPORATION**

**MedSaver, Inc.**

**ARTICLE I NAME**

The name of the corporation shall be MedSaver, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The street address of the initial principal office of the corporation is 2800 Sunset Drive, Miami Beach, Florida 33140.

**ARTICLE III SHARES**

The number of shares of stock this corporation is authorized to have outstanding at any one time is One Thousand (1,000).

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent are : Gina S. Russ, 2800 Sunset Drive, Miami Beach, Florida 33140.

**ARTICLE V INCORPORATOR**

The name and street address of the incorporator to these ARTICLES OF INCORPORATION are: Gina S. Russ, 2800 Sunset Drive, Miami Beach, Florida 33140.

**ARTICLE VI EFFECTIVE DATE**

The effective date of these Articles of Incorporation is May 18, 1998.

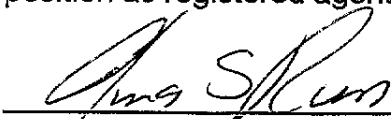


Signature/Incorporator Gina S. Russ

5/17/98

Date

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 Gina S. Russ

5/17/98

Date

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

98 MAY 20 PM 2:00

FILED

EFFECTIVE DATE  
5-18-98