Department of State TRANSMITEAL LETTER Department of State

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

		米米米斗米斗。	2,25 ****42,25
SUBJECT:	TRANSCRIBERS (Proposed corpor	ON - CALL, INC. ate name - must include suffix)	 .
		8000025 -05/26/3 ******4	347586 9801034002 2.00 *****42.00
Enclosed is an origina	al and one(1) copy of the articles	of incorporation and a check for :	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Siling Fee Filing Fee, & Certified Copy & Certification	Сору
	-	ADDITIONAL COPY REQUIRE	ED
FROM:	MAYRALISA ARBELO Name (Printed or typed) -05/26/9801034003 ******42.50		3347586 9801034003
	1950 SW 63 2	VE ddress	2.00 ***********************************
		31.5.5 State & Zip	_
	City,	tate & Zip	_
	(305) 227-0005 Daytime Telephone number		98. SEC
-	Daytime Te	lephone number AHASSEE FLORIDA	MAY 26 AM IO: 02 RETARY OF STATE
) N	OTE: Please provide the or	ginal and one copy of the articles.	19,61

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: TRANSCRIBERS ON - CALL, INC.



ARTICLE II PRINCIPAL OFFICE

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

1950 SW 63 AVE MIAMI, FL 33155

ARTICLE III SHARES

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

99 (NINETY-NINE) SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MAYRALISA ARBELO-1950 SW 63 AVE MIAMI, FL 33155

ARTICLE V INCORPORATOR

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

MAYRALISA ARBELO 1950 SW 63 AVE MIAMI, FL 33155

|21|98 | 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