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April 30, 1998

Attention: Barbara Brock.
Document Specialist.
Letter Number 498A00022890

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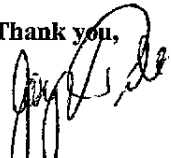
JOY V. PILE
182 S.W. 52ND TERR.
PLANTATION.
FL. 33317

SUBJECT: RUDLANE HEALTH PROFESSIONALS
Ref. Number W98000008240

Please find enclosed two copies of articles of Incorporation, signed statement of acceptance by
Registered Agent and money order no. 569878036 for \$137.50.

My Address is as listed as above and my telephone no. Is (954) 581 3966 or (954) 316 8508.

Thank you,



Joy V. Pile.

APPROVED
AND
FILED
98 MAY 29 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BROCK JUN 1 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

April 28, 1998

JOY V. PILE
182 SW 52ND TER.
PLANTATION, FL 33317

SUBJECT: RUDLANE HEALTH PROFESSIONALS
Ref. Number: W98000008240

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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.

If you have any further questions concerning your document, please call (850) 487-6925.

Barbara Brock
Document Specialist

Letter Number: 498A00022890



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

May 12, 1998

JOY V. PILE
182 SW 52ND TER.
PLANTATION, FL 33317

SUBJECT: RUDLANE HEALTH PROFESSIONALS
Ref. Number: W98000008240

Memo #: 83384-B

This letter is to inform you that your check number 413 for \$122.50, which was dated April 1, 1998 and submitted for RUDLANE HEALTH PROFESSIONALS has been returned to us by your bank because of Nonsufficient Funds.

We are notifying you because our records indicate that the paperwork for RUDLANE HEALTH PROFESSIONALS has not been filed and was returned to you because of deficiencies in the document. If you send the document back to us to be filed, be sure to enclose a cashier's check or money order in the amount of \$137.50. This will cover the unpaid check and also the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate that it is a replacement for the returned check mentioned above. Also, please include in your response the Debit Memo number given above. Send your response to:

Division of Corporation
Attn: B. Brock
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions you may contact me at (850) 487-6900.

Melinda Lilliston
Administrative Assistant
Bureau of Commercial Recording

Joy V. Pile
182 SW 52nd Ter.
Plantation, FL 33317

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

W98-8240

Examiner's Initials

ARTICLES OF INCORPORATION

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of Florida, adopt the following articles of incorporation:

FIRST The name of the corporation is: Rudlane Health Professionals INCORPORATED.

SECOND The period of its duration is: Indefinite.

THIRD The purpose of the corporation is : Consulting Firm Providing, but not limited to, HEALTH CARE RISK MANAGEMENT SERVICES.

FOURTH The aggregate number of authorized shares is: 10.

FIFTH The corporation will not commence business until at least Five Hundred Dollars have been received by it as consideration for the issuance of shares.

SIXTH Cumulative voting of shares of stock is not authorized.

SEVENTH Provisions limiting or denying to shareholders the pre-emptive right to acquire additional or treasury shares of the corporation are: None.

EIGHTH Provisions for regulating the internal affairs of the corporation are: BYLAWS.

NINTH The address of the initial registered office of the corporation is: 182 S.W. 52nd Terrace, PLANTATION, FL.33317. And the name of its initial registered agent at such address is Mr. Dennis M. Pile.

TENTH Address of the principal place of business is 182 S.W. 52nd Terrace, Plantation, Fl. 33317.

98 MAY 29 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

ELEVENTH The number of directors constituting the initial board of directors of the corporation is TWO, and the names and address of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are:

Name	Address
Dennis Pile	182 S. W. 52 nd Terr. Plantation, FL 33317
Patricia S. E. Darlington	4981 N. W. 119 Terr. Coral Springs, FL 33076

TWELFTH The name and address of each incorporator is:

Name	Address
Joy V. Pile 	182 S.W. 52 nd Terr. Plantation, Fl. 33317

Date: April 1, 1998

April 30, 1998

Attention: Barbara Brock.
Document Specialist.
Letter Number 498A00022890

JOY V. PILE
182 S.W. 52ND TERR.
PLANTATION.


SUBJECT: RUDLANE HEALTH PROFESSIONALS
Ref. Number W98000008240

BE IT KNOWN THAT, Dennis M. Pile of 182 S.W. 52nd Terr. Plantation FL 33317 hereby am familiar with and accept the duties and responsibilities of Registered Agent of RUDLANE HEALTH PROFESSIONALS.

Dennis M. Pile

WITNESS my hand and official seal.

Signature



Affiant



Known

ID Produced

(Seal)



TONY F. ORUKOTAN
My Comm Exp. 10/06/2001
Bonded By Service Ins
No. CC570490

☒ Personally Known ☐ Other (D)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 MAY 29 PM 2:41

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