

P98000053492
TRANSMITTAL LETTER

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

SUBJECT: TOP REIMBURSEMENTS INC.
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for
\$ 70.00.

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-06/12/98--01070--002
*****70.00 *****70.00

FROM:

TOP REIMBURSEMENTS INC.

Name (printed or typed)

860 S.E. 6 AVENUE, #302

Address

DEERFIELD BEACH, FLORIDA 33441

City, State, & Zip

954-421-7790

Telephone Number

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUN 12 AM 7:56

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

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WS

ARTICLES OF INCORPORATION OF

TOP REIMBURSEMENTS INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:
TOP REIMBURSEMENTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

860 S.E. 6 AVENUE, #302
DEERFIELD BEACH, FLORIDA 33441

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MONICA LAZAROU
860 S.E. 6 AVENUE
DEERFIELD BEACH, FLORIDA 33441

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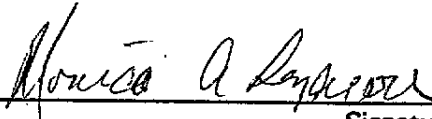
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

TOP REIMBURSEMENTS INC.
860 S.E. 6 AVENUE, #302
DEERFIELD BEACH, FLORIDA 33441

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

10th day of JUNE, 1998.



Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: TOP REIMBURSEMENTS INC.

2. The name and address of the registered agent and office is:

MONICA LAZAROU

(Name)

860 S.E. 6 AVENUE, #302

(P.O. Box not acceptable)

DEERFIELD BEACH, FLORIDA 33441

(City/State/Zip)

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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.

Monica A. Lazarou

(Signature)