

P98000066138



THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 904883 80973A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : July 26, 1998

ORDER TIME : 9:12 AM

ORDER NO. : 904883-005

CUSTOMER NO: 80973A

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-07/27/98--01023--002

*****70.00 *****70.00

CUSTOMER: David J. Schottenfeld, Esq
DAVID J. SCHOTTENFELD, P.A.

Suite 203
7520 Northwest 5 Street
Fort Lauderdale, FL 33317

DOMESTIC FILING

NAME: H.M.O. FULFILLMENT, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janice Vanderslice

EXAMINER'S INITIALS:

509
W98-10991

98 JUL 27 PM 2:41
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

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98 JUL 28 AM 11:24
DIVISION OF CORPORATIONS

July 27, 1998

CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE, FL 32301

SUBJECT: H.M.O. FULFILLMENT, INC.
Ref. Number: W98000016991

RESUBMIT

Please give original
submission date as file date.

We have received your document for H.M.O. FULFILLMENT, INC.. However, the document has not been filed and is being returned for the following:

The name of the entity must be identical throughout the document.

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) 487-6973.

Claretha Golden
Document Specialist

Letter Number: 398A00039456

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**ARTICLES OF INCORPORATION
OF
H.M.O. FULFILLMENT, INC.**

I, the undersigned, being of legal age and a natural person, do hereby subscribed to, acknowledge and file the following Articles of Incorporation for the purpose of creating a corporation under the laws of the State of Florida.

ARTICLE I - NAME

The name of this Corporation shall be

H.M.O. FULFILLMENT, INC.

ARTICLE II- NATURE OF BUSINESS

The Corporation may engage in any activity or business permitted under the laws of the United States and of this state.

ARTICLE III - CAPITAL STOCK

This maximum number of shares of stock that this corporation is authorized to have outstanding at any time is ONE THOUSAND (1,000) shares of common stock, each share having the par value of \$1.00.

ARTICLE IV - INITIAL CAPITAL

The amount of the capital with which this corporation shall begin is FIVE HUNDRED (\$500.00) DOLLARS.

ARTICLE V - TERM OF EXISTENCE

This corporation shall have perpetual existence.

ARTICLE VI - ADDRESS

The mailing address and initial street address of the principal office of this corporation is 6853 SW 18th Street # M-

110, Boca Raton, FL 33433.

ARTICLE VII - DIRECTORS

The corporation shall have one (1) Director initially, whose name and address is:

WILLIAM LEAHAN
6853 SW 18 Street # M-110
BOCA RATON, FL 33433

ARTICLE VIII - REGISTERED AGENT

The Registered Agent for this Corporation shall be
DAVID J. SCHOTTENFELD 7520 NW 5th Street # 203, Plantation, FL
33317.

ARTICLE IX - SUBSCRIBER

The name and street address of the subscriber to these Articles of Incorporation are as follows:

WILLIAM LEAHAN
6853 SW 18th Street # M-110
BOCA RATON, FL 33433

IN WITNESS WHEREOF, I have hereunto set my hand and seal,
acknowledged and filed the foregoing Articles of Incorporation
under the laws of the State of Florida, this 20 day of July,
1998.


WILLIAM LEAHAN

STATE OF FLORIDA

SS:

COUNTY OF BROWARD

BEFORE ME personally appeared WILLIAM LEAHAN, who is personally known to me, and known to be the person described in and who executed the foregoing Articles of Incorporation or has shown _____ as identification), and acknowledged to and did take an oath before me that he executed said Articles of Incorporation for the purposes therein expressed.

WITNESS my hand and official seal, this 20 day of July, 1998.

Myra I. Belle

Notary Public
State of Florida at Large

(Name of Notary)

My Commission Expires:



Myra I. Belle
MY COMMISSION # CC549250 EXPIRES
April 22, 2000
BONDED THRU TROY FAIR INSURANCE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUL 27 PM 2:41

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE, FOR THE SERVICE OF PROCESS WITHIN THIS
STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

IN PURSUANCE OF Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act.

FIRST, that H.M.O. FULFILLMENT, INC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation, at City of Boca Raton, County of palm Beach, State of Florida, has named DAVID J. SCHOTTENFELD whose address is 7520 NW 5th Street # 203, Plantation, FL 33317 as its agent to accept service of process within this state.

ACKNOWLEDGMENT

Having been named to accept service of process for the above-stated corporation, at place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.


DAVID J. SCHOTTENFELD