TRANSMITTAL LETTER

P980000 96863

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

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SUBJECT: MEDIC MATH CARDS FOC. (Proposed corporate name - must include suffix)				
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 ADDITIONAL CO	Filing Fee, Certified Copy & Certificate	
FROM: BREG LEHL Name (Printed or typed) 1//7 Pinella Bayway Suite 208 Address				
	Tieva Verde City,	FL 337 State & Zip 1-3695 elephone number		SECRETARY OF CHAIN

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 <u>NAME</u> The name of the corporation shall be: EDI-DATA CARDS IAC. PRINCIPAL OFFICE ARTICLE II The principal place of business and mailing address of this corporation shall be: The number of shares of stock that this corporation is authorized to have outstanding at any one time is: INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: The name and address of the incorporator to these Articles of Incorporation are: Signature/Incorporator

(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

gnature/Registered Agent