

TRANSMITTAL LETTER

P98000099953

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

900002694509--8
-11/23/98-01145--009
*****78.75 *****78.75

SUBJECT: _____

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: _____

Name (Printed or typed)

Medical Link
40 B. W. Ashley
1715 Brydson Circle Dr
Brydson Bldg, Fl 33436

City, State & Zip

Daytime Telephone number _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 NOV 23 PM 12:57

FILED

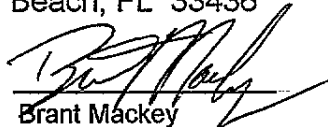
NOTE: Please provide the original and one copy of the articles.

JPB
12-1-98
2

ARTICLES OF INCORPORATION

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98 NOV 23 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation shall be Medical Link, Inc.
2. The principle address of the corporation shall 1715 Banyan Creek Ct.
Boynton Beach, FL 33436
3. The corporation shall issue one class of common stock: 10,000,000 shares
of \$.001 Par Value.
4. The Registered Agent of the corporation shall be Brant Mackey
AT 1715 Banyan Creek Ct., Boynton Beach, FL 33436

Acceptance of this appointment : 
Brant Mackey
Incorporator / Registered Agent
5. The Incorporator of this corporation is Brant Mackey, 1715 Banyan Creek Ct.,
Boynton Beach, FL 33436