

Please file the enclosed articles of incorporation and certificate of designation of registered agent/ office. Enclosed is:

- XXAn original Articles of Incorporation
- One copy of the Articles of Incorporation
- Two copies of the Articles of Incorporation
- 🖾 An original Certificate of Designation of Registered Agent / Office
- $X\!\!\!D$ A check or money order in the amount of \$ 70.00

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Optional services requested:

- উ্থিত optional services are requested.
- ☐ Please provide a *certificate* on incorporation. (\$78.75 fee is enclosed.)
- ☐ Please provide a *certified copy* of the articles of incorporation. (An additional copy of the articles and \$122.50 fee are enclosed.)
- ☐ Please provide a *certified copy* of the articles of incorporation and *certificate* of incorporation. (An additional copy of the articles and \$131.25 fee are enclosed.)

Corporate name: MEDICAL CHAIMS RECOVERY SPECIALISIS, INC.

Incorporator's name: JANELE SMITH

address: 3612 KENT DR. NAFLES; FLV.34112

Daytime phone: 941-775-96699

Please send responses or receipts concerning this filling to the above address. Thank you very much.

Date: MARCH 24, 1999

Signature of Incorporator:

Janele Smith

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ARTICLES OF INCORPORATION

of

MEDICAL CLAIMS RECOVERY SPECIALISTS INC.

Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned incorporator submits these articles of Incorporation for the purpose of forming a for-profit corporation.

Article 1. The name of the Corporation is:

MEDICAL CLAIMS RECOVERY SPECIALISIS, INC.

Article 2. The principal place of business and mailing address of this corporation is:

3612 KENT DRIVE, NAPLES FL 34112

Article 3. The corporation is authorized to issue one class of stock, that being 1,000 shares of no par value, common stock, with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.

Article 4. The name and address of the corporation's initial registered agent is:

3612 KENT DR. NAPLES, FL 34112 JANELE SMITH

Article 5. The name and street address of the incorporator of this corporation is:

JANELE SMITHE 3612 KENT DR. NAPLES, FL 34112

Article 6. No Director shall be held liable to the corporation or its shareholders for monetary damages due to a breach of fiduciary duty, unless the breach is a result of self-dealing, intentional misconduct, or illegal actions.

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation on the date below.

Date: MARCH 24, 1999

Name of Incorporator: JANELE SMITH

Signature of Incorporator: January Amith

CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to section 607.0501 of The Florida Business Corporation Act, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office and registered agent, in the State of Florida.

1. The name and address of the corporation's registered agent and registered office is:

Name JANFLE SMITH

Street address 3612 KENT DR. NAPLES, FL. 34112

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Having been named as the 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.

Signature of registered agent: Jamel Smith

Date of signature: MARCH 24, ,1999