

P99000033726

TRANSMITTAL LETTER

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

FILED
99 APR -9 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT:

MEDICAL CLAIMS USA, Inc.
(Proposed corporate name - must include suffix)

100002834561--8

-04/09/99--01052--016

*****78.75 *****78.75

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

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

LANETTE KEIL

Name (Printed or typed)

3815 6th LANE

Address

VERO BEACH, FL 32968

City, State & Zip

(561) 778-3706

Daytime Telephone number

BHARON

APR 13 1999

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

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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 NAME

The name of the corporation shall be:

MEDICAL CLAIMS USA, Co.

ARTICLE II PRINCIPAL OFFICE

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

3815 6th Lane
Vero Beach, FL 32968

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

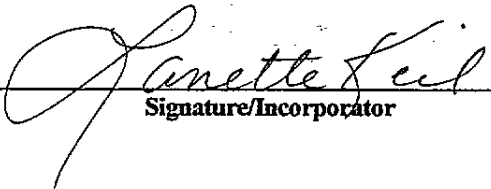
The name and Florida street address of the initial registered agent are:

Lanette Keil
3815 6th Lane
Vero Beach, FL 32968

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

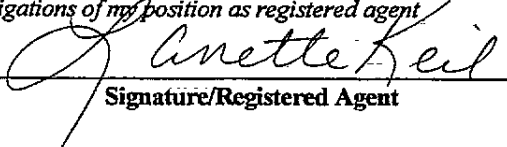
Lanette Keil
3815 6th Lane
Vero Beach, FL 32968
4-5-1999


Signature/Incorporator

Date

(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


Signature/Registered Agent

4-5-1999
Date