

TRANSMITTAL LETTER

P99000035167

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

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-04/15/99--01036--006
*****87.50 *****87.50

SUBJECT: MedClaim Advocates, Inc.
(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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Gayle E Miller
Name (Printed or typed)

2025 Brickell #1006
Address

Miami Florida 33129
City, State & Zip

3058570332
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 APR 15 PM 1:38

FILED

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

CB
4-16-99
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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: MedClaim Advocates, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3138 Center Street
Coconut Grove
Miami, Florida 33133

ARTICLE III SHARES

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

100 at no par

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Gayle E. Miller
2025 Brickell Avenue
Miami FL 33129

ARTICLE V INCORPORATOR

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

Gayle E. Miller
2025 Brickell Avenue
Miami FL 33129



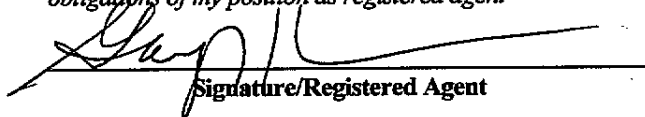
Signature/Incorporator

4/12/99

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

4/12/99

Date