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# TRANSMITTAL LETTER

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

SUBJECT: Peacock Transcription Solutions, 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

\$122.50

\$131,25

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: AAA BUSINESS & TAX Services, Inc.
Name (Printed or typed)

P.O. BOX 50364

Jacksonville Beach, FL 32240-0364 City, State & Zip

904-247-8321 or 904 343 8617

Daytime Telephone number

#### **ARTICLES OF INCORPORATION**

#### Peacock Transcription Solutions, Inc.

The undersigned, for the purpose of forming a corporation for profit under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

### ARTICLE I - NAME

The name of the corporation is: Peacock Transcription Solutions, Inc.

## **ARTICLE II - Principal Office**

The address of the principal office and mailing address of the Corporation is 8000 Baymeadows Circle, East, # 78, Jacksonville, Fl 32256.

#### **ARTICLE III - SHARES**

The maximum number of shares of stock which this Corporation is authorized to have outstanding at any one time is five hundred (500) shares of common stock having a par value of \$ 1.00 per share.

# ARTICLE IV - Initial Registered Agent and Street Address

The street address of the Corporation's initial registered office is 1125 13th Avenue North, Jacksonville Beach, Florida, 32250. The name of this Corporation's initial registered agent is Michealyn C. Adams.

#### **ARTICLE V - Incorporator**

The name of the incorporator to these Articles of Incorporation is:

∕Signature/Incorporator

Date

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 families with and accept the obligations of my position as registered agent.

Signature/ Registered Agent

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SECRETARY OF STATE
ALLOWS FE, FLORIO