TRANSMITTAL LETTER

(Proposed corporaté name - must include suffix)

P99000048335

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

		<u> </u>	0002884317F -05/24/9901113013 ******78.75 ******78.75
Enclosed is an origin	al and one(1) copy of the article	s of incorporation and a c	, , , , ,
\$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: STRATUGIE Me DECISIONS TARE PROMINE (Printed or typed)			
Hora Augusta Ave STA Augusta Address			
	0-1-Ds man	\$\frac{1}{2} \frac{3}{2}.\$	4677
	722 78)- Daytime 7	2329 Telephone number	

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

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:

Strategic MeDecisions, Incoporated

ARTICLE II--PRINCIPAL OFFICE

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

4672 Augusta Ave Oldsmar, FL 34677

ARTICLE III-SHARES

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

100

ARTICLE IV--INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Patrick Murphy
4672 Augusta Ave.

Oldsmar, FL1 ARTICLE V-INCOPORATOR

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

Patrick Murphy 4672 Augusta Ave Oldsmar, FL 34677

> 5/21/99 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

<u>S / &/ /</u> Date

Signature/Registered Agent

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