

P99000048797

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAY 28 PM 1:07

MEDICAL FRAUD RECOVERY, INC.
3270 Gifford Lane
Miami/Coconut Grove, FL 33133

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

600002887146--9

-05/26/99-01065-007

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

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SHARON

MAY 28 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 20, 1999

EUGENE JOBIE STEPPE
3270 GIFFORD LANE
MIAMI(COCONUT GROVE), FL 33133

SUBJECT: MEDICAL FRAUD RECOVERY, INC
Ref. Number: W99000011832

We have received your document for MEDICAL FRAUD RECOVERY, INC and check(s) totaling \$78.75. However, your check(s) and document are being returned for the following:

Please sign and return your check along with this document in order to complete your filing.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6923.

Doris McDuffie
Corporate Specialist Supervisor

Letter Number: 599A00027994

ARTICLES OF INCORPORATION

1. The name of the corporation shall be: Medical Fraud Recovery, Inc
2. The principal place of business and mailing address of the corporation is: 3270 Gifford Lane, Miami/Coconut Grove, FL 33133
3. The corporation shall have the authority to issue 1,000,000 shares of stock.
4. The registered agent of the corporation is Eugene Jobie Steppe and the registered street address is 3270 Gifford Lane, Miami, Florida
Florida 33133
5. The initial Board of Directors shall have one member(s) whose name(s) and address(es) is/are as follows: Eugene Jobie Steppe

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is Eugene Jobie Steppe whose street address is 3270 Gifford Lane, Miami/Coconut Grove, Florida 33133

Dated May 17, 1999

Eugene J. Steppe
Incorporator

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

Dated May 22, 1999

Eugene J. Steppe
Registered Agent