

TRANSMITTAL LETTER

P99000097344

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

SUBJECT: MedLink HEALTHCARE FINANCIAL SERVICES INC
(Proposed corporate name - must include suffix)

EFFECTIVE DATE
11-15-99

800003033708--5
-11/03/99--01044--021
*****87.50 *****87.50

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: ANDREW HEEMAN
Name (Printed or typed)

9610 SW. 11TH STREET
Address

PEMBROKE PINES FL 33025
City, State & Zip

305-243-2817
Daytime Telephone number

FILED
1999 NOV -3 PM 4: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

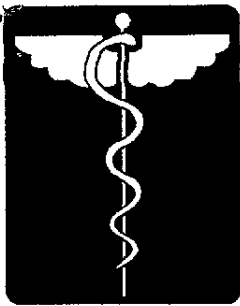
AUTHORIZATION BY PHONE TO

CORRECT 43 Accept.

DATE 11-4-99

DOC EXAM HL

A. Howell NOV 1 1999



FILED
1999 NOV -3 PM 4: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MedLink Healthcare Financial Services Inc.
9610 SW 11 Street
Pembroke Pines, FL 33025
Telephone: 954-436-0879

EFFECTIVE DATE
11-15-99

ARTICLES OF INCORPORATION

Article 1 : NAME

The name of the corporation shall be:
MedLink Healthcare Financial Services Inc.
(a for profit organization)

Article 2: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
9610 SW 11 Street
Pembroke Pines FL 33025

Article 3: SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 5,000

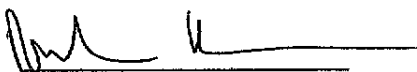
Article 4: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the incorporator to these Articles of Incorporation are:
Andrew Heeman
9610 SW 11 Street
Pembroke Pines FL 33025

Registered Agent same as above

Article 5: EFFECTIVE DATE

The effective date of this corporation shall be November 15, 1999.



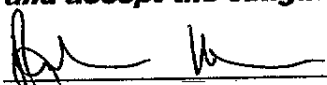
11/15/99

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1999 NOV -3 PM 4: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


Signature/Registered Agent
& Incorporator

11/1/99
Date