

PO 4000070908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

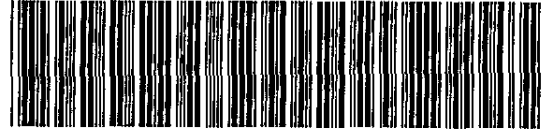
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
04 MAR 27 2014
FBI

44-30

TRANSMITTAL LETTER

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

SUBJECT: SN Provider Services, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Sallie Nelson
Name (Printed or typed)

2543 Wheat Road
Address

Panama City, FL 32404
City, State & Zip

850 914 2909
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Sn providers services, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2543 wheat Road
Panama City, FL 32404

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation
" medical billing "

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Sallie Nelson President
2543 wheat Road
Panama City, FL 32404

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Sallie Nelson
2543 wheat Road
Panama City, FL 32404

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sallie Nelson
2543 wheat Road
Panama City, FL 32404

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Sallie Nelson

Signature/Registered Agent

Sallie Nelson

Sallie Nelson

Signature/Incorporator

Sallie Nelson

4/26/04

Date

4/26/04

Date

FILED
04 APR 27 2004
PANAMA CITY, FL