

P07000082113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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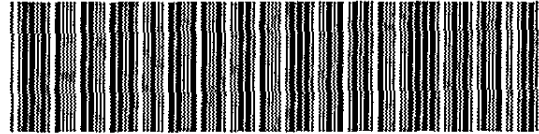
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2007 JUL 19 PM 4:07
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

T. Burch JUL 19 2007

COVER LETTER

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

SUBJECT: BBS MEDICAL BILLING 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: NANCY C LAVOIE
Name (Printed or typed)

325 LEAFY WAY AVE
Address

SPRING HILL FL 34606
City, State & Zip

352-428-5451
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:

BBS MEDICAL BILLING SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

325 LEAFY WAY AVE
SPRING HILL FL 34606

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL BILLING BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

NANCY C LAVOIE - PRESIDENT / OWNER
325 LEAFY WAY AVE
SPRING HILL FL 34606

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

NANCY C LAVOIE
325 LEAFY WAY AVE SPRING HILL FL 34606

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NANCY C LAVOIE
325 LEAFY WAY AVE SPRING HILL FL 34606

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

Nancy C Lavoie
Signature/Registered Agent
Nancy C Lavoie
Signature/Incorporator

7/12/2007
Date
7/12/2007
Date

FILED
2007 JUL 19 PM 4: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA