P10000087289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

900186726439

10/25/10--01035--015 **70.00

FILED
10 OCT 25 PM 2:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRJ
10/26

COVER LETTER

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

SUBJECT: Medicaid Filing Solutions, 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: Jane A. Provenzano
Name (Printed or typed)

4343 Wheatland Way
Address

Palm Harbor, FL 34685
City, State & Zip

(727) 776-3913
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)

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TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Medicaid Filing Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal **street** address and mailing address, if different is:

4343 Wheatland Way
Palm Harbor, FL 34685

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medicaid Filing and Financial Planning

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):

Jane A. Provenzano, President
4343 Wheatland Way
Palm Harbor, FL 34685

ARTICLE VI REGISTERED AGENT

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

Jane A. Provenzano
4343 Wheatland Way
Palm Harbor, FL 34685

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Jane A. Provenzano
4343 Wheatland Way
Palm Harbor, FL 34685

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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

Jane A. Provenzano — Signature/Registered Agent — 10/21/10 — Date

Jane A. Provenzano — Signature/Incorporator — 10/21/10 — Date