

Division of Corporations **Electronic Filing Cover Sheet**

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FLORIDA PROFIT/NON PROFIT CORPORATION UNIQUE MEDICAL BILLING SERVICES CORP

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- ARTICLES OF INCORPORATION

OF UNIQUE MEDICAL BILLING SERVICES CORP

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be:

UNIQUE MEDICAL BILLING SERVICES CORP

ARTICLE !!

This corporation shall commence existence upon the date of filing with the Division of Corporations, State of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this Corporation:

29020 ALABAMA ROAD HOMESTEAD, FL 33033

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is 100 shares of common stock at \$1.00 par value.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

JANY MAYO 29020 ALABAMA RD HOMESTEAD, FL 33033

ARTICLE VII

The name and address of the officers and board of directors shall be:

PRESIDENT
JANY MAYO
29020 ALABAMA RD
HOMESTEAD, FL 33033

ARTICLE VIII

The name and address of the incorporator(s) to these Articles of \vec{n} incorporation is:

JANY MAYO 29020 ALABAMA RD HOMESTEAD, FL 33033

Signature of Incorporator

The undersigned has executed these Articles of Incorporation this 24 day of FEBRUARY. 2012.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

UNIQUE MEDICAL BILLING SERVICES CORP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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 I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REDISTERED AGENT

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SECRETARY OF STATE
ATAIL AHASSEE, FLORIDA

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