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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

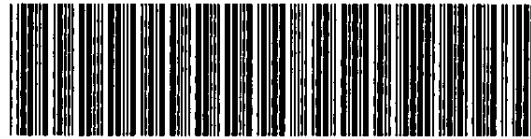
(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUN -9 PM 4: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1114-31839

MD 6/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2014

ELVIRA QUILIT
6923 NARCOOSSEE ROAD, SUITE 604
ORLANDO, FL 32822

SUBJECT: VISTA NONA BILLIING & CODING
Ref. Number: W14000028761

We have received your document for VISTA NONA BILLIING & CODING and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 314A00009707

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Medical Billing & Coding Specialist

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Elvira Quilit

Contact Person

Vista Nona Billing & Coding

Firm/Company

6923 Narcoossee Rd Suite 604

Address

Orlando, FL 32822

City, State and Zip Code

elvira@medbillingcs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elvira Quilit at (407) 601-4996

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees \$113.75 Filing Fees and Certificate of Status \$113.75 Filing Fees and Certified Copy \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2014

ELVIRA QUILIT
6923 NARCOOSSEE RD., SUITE 604
ORLANDO, FL 32822

SUBJECT: VISTA NONA BILLING & CODING CORP
Ref. Number: W14000031839

We have received your document for VISTA NONA BILLING & CODING CORP and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

The Certificate of Conversion must be signed by an authorized person.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

MGRM is the designation for Managing Member for a Limited Liability Company and should not be used by a corporation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 814A00010917

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

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STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Medical Billing & Coding Specialist, LLC L12000027967
Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on 02/27/2012
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

Vista Nona Billing & Coding Corp
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 4 day of June, 2014.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: E. Quitt

Printed Name: Elvira Quitt Title: MGRM

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TALLAHASSEE, FLORIDA

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: E. Quitt

Printed Name: Elvira Quitt Title: MGRM

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

- Certificate of Conversion: \$35.00
- Fees for Florida Articles of Incorporation: \$70.00
- Certified Copy: \$8.75 (Optional)
- Certificate of Status: \$8.75 (Optional)

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

ARTICLE I NAME Vista Nona Billing & Coding Corp
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
The principal place of business/ mailing address is:

Principal street address

6923 Narcoossee Rd Suite 604

Orlando, Fl 32822

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
To Provide billing & coding services to providers.

ARTICLE IV SHARES 1
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elvira Quilit P

Address: 6923 Narcoossee Rd Suite 604

Orlando, Fl 32822

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Elvira Quilit

Address: 10427 Belfry Cir

Orlando, Fl 32832

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ORLANDO, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Elvira Quilit
Address: 10427 Belfry Cir
Orlando, FL 32832

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TALLAHASSEE, FLORIDA
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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

E. Quilit
Required Signature/Registered Agent

06/04/2014
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

E. Quilit
Required Signature/Incorporator

06/04/2014
Date