

**720 000 000 867**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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DIVISION OF CORPORATIONS  
 BUREAU OF COMMERCIAL  
 INFORMATION SERVICES

To: Division of Corporations  
 Fax Number : (850)617-6381

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
 Account Number : I20000000019  
 Phone : (305)552-5973  
 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
 NEW BILLING CENTER CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE  
 TALLAHASSEE, FL

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*Handwritten signature*  
 1/6/20

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

New Billing Center Corp.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

35405 SW 192nd Ave  
Homestead FL 33034

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Rosa Sanchez Rodriguez (P)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Rosa Sanchez Rodriguez  
35405 SW 192nd Ave  
Homestead FL 33034

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Rosa Sanchez Rodriguez  
35405 SW 192nd Ave  
Homestead FL 33034


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**Required Signatures:**

**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**

 _____	<u>01/03/20</u> _____
Registered Agent	Date

**I submit this document and affirm that the facts stated herein are true. I am aware that the 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.**

 _____	<u>01/03/20</u> _____
Incorporator	Date

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