

PO0000150964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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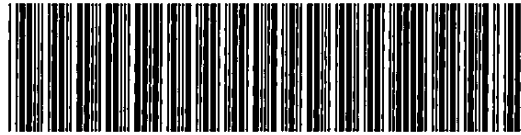
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

COVER LETTER

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

SUBJECT: ALLCO MEDICAL BILLING 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: ROBERT & TARA OSWALD
Name (Printed or typed)

2108 CROOMS ROAD
Address

COTTONDALE FL 32431
City, State & Zip

850 - 527-5379 cell / 850 914-9190
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:

ALL CO MEDICAL BILLING Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2108 Crooms Rd
COTTONDALE FL 32431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Billing

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):

Tara L Oswald President
Robert C Oswald Secretary / Treasurer

ARTICLE VI REGISTERED AGENT

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

Robert & Tara Oswald
2108 Crooms Rd
Cottondale FL 32431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert & Tara Oswald
2108 Crooms Rd
Cottondale FL 32431

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

Robert C Oswald
Signature/Registered Agent

11-29-06
Date

Robert C Oswald
Signature/Incorporator

11-29-06
Date

FILED
06 DEC -5 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA