P17000057095

(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

200300778852

07/03/17--01032--009 **78.75

FILED
17 JUL -3 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/05/17

GIORDANO, HALLERAN & CIESLA

A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW

DEBORAH W. SEGNAN
PARALEGAL
dsegnan@ghclaw.com

(732) 741-3900
FAX: (732) 224-6599

www.ghclaw.com

June 30, 2017

Client/Matter No. 20767-0001

VIA FEDERAL EXPRESS
Department of State
Division of Corporations
Clifton Building
2661 Executive Center circle
Tallahassee, FL 32301
Attn: New Filing Section

RE: Filing of Articles of Incorporation

Dear Sir or Madam:

Enclosed please find one (1) original and one (1) copy of the **Articles of Incorporation of Thrive Medical Billing, Inc.** (the "Articles"). Kindly accept same for filing with the Florida Department of State, Division of Corporations. Also enclosed please find our check in the amount of $78.75 which represents the filing fee and Certified Copy fee. In addition, please find a pre-paid Federal Express air bill and envelope for your use in returning the Certified Copy of the filed Articles to my attention.

If you have any questions, please contact me at (732) 741-3900. Thank you.

Very truly yours,

Deborah W. Segnan

DEBORAH W. SEGNAN

Attachments
cc: John A. Aiello, Esq.
Docs #2817865-v1

COVER LETTER

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

SUBJECT: Thrive 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: John A. Aiello, Esq.
Name (Printed or typed)

125 Half Mile Road, Suite 300
Address

Red Bank, New Jersey 07701
City, State & Zip

(732) 741-3900
Daytime Telephone number

thrive.boyle@gmail.com
E-mail address: (to be used for future annual report notification)

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: Thrive Medical Billing, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3580 S. Ocean Shore Blvd., Unit 310
Flagler Beach, FL 32136

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: The Corporation is organized to transact any lawful business for which corporations may be incorporated under the Florida Business Corporation Act as it now exists or may hereafter be amended or supplemented, including, without limitation, medical billing.

FILED
17 JUL -3 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 1,000 Shares Common Stock, $.001 Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christine Boyle, President and Director
Address: 3580 S. Ocean Shore Blvd., Unit 310
Flagler Beach, FL 32136

Name and Title: Bryan Boyle, Treasurer, Secretary and Director
Address: 3580 S. Ocean Shore Blvd., Unit 310
Flagler Beach, FL 32136

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: Bryan Boyle

Address: 3580 S. Ocean Shore Blvd., Unit 310

Flagler Beach, FL 32136

FILED

17 JUL -3 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: John A. Aiello, Esq.

Address: Giordano, Halleran & Ciesla, PC

125 Half Mile Road, Suite 300

Red Bank, NJ 07701

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

_____ Required Signature/Registered Agent

6/30/17 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.

_____ Required Signature/Incorporator

6/30/17 Date