# F1600001605

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
:				
		:		
	-			
	- maniference - 1 to a			





200283205522

03/11/16--01026--008 \*\*78.75

HILED

16 APR -6 AM 8:30

SECORETAL TOP STATE

THE PROSECULATION OF THE PROPERTY OF THE PROPER



RECEIVE 2016 APR -6 AM II: 03 TATLAHASSELITE CRIDA

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

Reference Number: 716A00005187

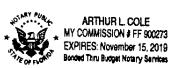
To Whom It May Concern:

Please accept this letter as confirmation to correct the date of first transacted business in the state of Florida as <u>January 1<sup>st</sup> 2016</u>. Please contact me at the following contact number listed below with any questions or concerns.

Thank you

Mosi N Collins Compu-Billing Inc 813-237-5567 mcollins@compubilling.com FILED

SECRETAL VASIATE
THE MESSAGE FROM THE SECRETARY ASSESSED.



Poten R. Cele 41.116



## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corpora			
Compu-Billing SUBJECT:	g Inc		
	Name of corporation - n	nust include suffix	
Dear Sir or Madam:			
"Certificate of Existence," of	by Foreign Corporation for Au or "Certificate of Good Standir rporation to transact business	ng" and check are submitte	
Please return all corresponde Mosi Collins	ence concerning this matter to	the following:	
	Name of Per	·son	
Compu-Billing Inc			
	Firm/Compa	ny	
309 West Martin Luther King	Blvd		
	Address		·
Tampa FL 33606			
	City/State and	Zip code	· — · —
mosicollins1@yahoo.com			
E	-mail address: (to be used for	future annual report notifi	cation)
For further information cond	cerning this matter, please call	:	
Mosi Collins	404	376-5534	5.0
Name of Person	at () Area Code	Daytime Telephone	Number.
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 322	tions ter Circle	MAILING ADDR Registration Section Division of Corport P.O. Box 6327 Tallahassee, FL 32	RESS: SSET TO THE PARTY OF THE
Enclosed is a check for the f	ollowing amount:		
□ \$70.00 Filing Fee □		78.75 Filing Fee &  Gertified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Compu-Billing I	nc.		
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION	
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)
Georgia	3	20-5207462	
	under the law of which it is incorporated)	(FEI number, if applicable)	
	of incorporation)	(Date of duration, if other than perpetual)	
January 1, 2016			
309 Martin Luther	King Blvd Tampa FL 33603	502, F.S., to determine penalty liabilit	y)
		pal office address)	59 E
309 Martin Luthe	r King Blvd Tampa FL 33603		
	(Current maili	ng address, if different)	3 7
Name and street	t address of Florida registered agent: (P.	O. Box NOT acceptable)	
Name:	Carrah White		D S &
ffice Address:	309 West Martin Luther King Blvd		88 38
	Tampa	33603 , Florida	
	(City)	(Zip code)	
laving been name esignated in this urther agree to co	nt's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes amiliar with and accept the obligations of	ment as registered agent and agre relative to the proper and complet	e to act in this capacion to performance of my
	(Registered	agent's signature)	<u> </u>

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

	CCTORS  Mosi Collins	
Chairman:	309 West Martin Luther King Blvd Tampa Fl 33603	
Address.		
Vice Chai	rman:	
Address:		
- Di		
Address:		
Director		
Address:		
B. OFFI	CERS	
President:		
Address:		SET SET
	dent:	AR T
		8- o m
		17-
Secretary:	carron white	<u> </u>
Address:	309 West Martin Luther King Blvd Tampa FL 33603	57'' û
Treasurer:		
Address:		
NOTE:	If necessary, you may attach an addendum to the application listing additional o	fficers and/or directors.
12.		
are true a a third de	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affind that he or she is aware that false information submitted in a document to the gree felony as provided for in s.817.155, F.S.	
13. <u>Mosi</u>	Collins Chairman	`
	(Typed or printed name and capacity of person signing application	on)

Control Number: 0696517

# STATE OF GEORGIA

### **Secretary of State**

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### COMPU-BILLING, INC.

#### a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 11/06/2006 : Georgia : 03/22/2016 : 211



Brian P. Kemp Secretary of State