

OFFICE USE ONLY

EXPRESS CORPORATE FILING SERVICE INC

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE:112

(Address)

CORAL GABLES, FLORIDA 33134

(City, State, Zip)

(305) 444-4994

(Phone#)

(305) 444-4977

(FAX#)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. DIRECT CHOICE BILLING SERVICE, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

SECRETARY OF STATE
TALLAHASSEE FLORIDA

00 JAN -6 PM 2:15

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*****78.75 *****78.75

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

DIRECT CHOICE BILLING SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7856 N.W. 178 STREET
MIAMI LAKES, FL 33015

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have shall be:

SHARES: 100

ARTICLE IV REGISTERED AGENT

The name and Florida street address of the initial registered agent shall be:

JANET GONZALEZ
7856 N.W. 178
MIAMI LAKES, FL 33015

ARTICLE V INCORPORATOR

The name(s) and address(es) of the incorporator(s) to these Articles of Incorporation are:

JANET GONZALEZ
7856 N.W. 178
MIAMI LAKES, FL 33015

Janet Gonzalez
Signature of Incorporator

1-5-2000
Date

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TALLAHASSEE FLORIDA

ARTICLE VI DIRECTOR(S)/OFFICER(S)

The name(s) and address(es) of the director(s)/officer(s) to these Articles of Incorporation are:

(PRESIDENT)
JANET GONZALEZ
7856 N.W. 178 *Street*
MIAMI LAKES, FL 33015

Having been named as registered and to accept service of process for the above started corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Janet Gonzalez
Signature of Registered Agent

1-5-2000
Date

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