POSSIBLE INSMITABLE TER 1022

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

SUBJECT: _	GUARANTEE M	EDICAL BILL	Wa , Inc.	
	(Froposed corpo	rate name - must include suff	~UUUUUU31]01084C
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :				
☐ \$70.0 Filing Fe		□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: ARLOS Obregon Name (Printe For typed)				
	Mismi FL		SECR TALLA	r 00
	(305) 775 - 3 Daytime T	•	ETARY OF S HASSEE, FL	TILE I
		EFFECTIVE DATE	TATE ORIDA	3: OS

NOTE: Please provide the original and one copy of the articles.



Articles of Incorporation

SECRET PH 3: 05
Whitely Stages PH 3: 05 The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Guarantee Medical Billing, Inc.

PRINCIPAL OFFICE ARTICLE II

The principle place of business and mailing address of the corporation shall be:

4242 SW 73 Avenue Miami, FL 33155

SHARES ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 - (\$0.001 Par Value)

> INITIAL REGISTERED AGENT ARTICLE IV

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

Carlos L Obregón 10001 SW 14 Terrace Miami, FL 33174

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Yvonne Sotto-Montes 6031 SW 115 Avenue Miami, FL 33173

ARTICLE VI **OFFICERS**

The initial officers of this corporation is/are:

President: Yvonne Sotto-Montes

ARTICLE VII DATE OF INCORPORATION

The existence of the corporation shall commence as of:

February 1, 2000

ature of Incorporator

Having been named as registered agent and to accept service of process for the above stated 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.

Signature of initial registered age