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TRANSMITTAL LETTER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 JUN - 6 PM 3:51

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

SUBJECT: HILDA'S Billing Solutions, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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: Hildelys Acosta Cirion  
Name (Printed or typed)

7105 SW 8TH Street STE 310  
Address

Miami, FL: 33144

City, State & Zip

305-968-4279

Daytime Telephone number

100003252801-49

-05/15/00--01130--011

\*\*\*\*\*87.50 \*\*\*\*\*87.50

192-532-611  
1000-13130

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

*filed/00*



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 22, 2000

HILDELYS ACOSTA CIRION  
7105 SW 8TH STREET #310  
MIAMI, FL 33144

SUBJECT: HILDA'S BILLING SOLUTIONS, INC.  
Ref. Number: W00000013130

6/6  
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DIVISION OF CORPORATIONS  
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We have received your document for HILDA'S BILLING SOLUTIONS, INC.. However, the document has not been filed and is being returned for the following:

Please list the street address of each officer/director.

Please complete Article(s) VI.

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6973.

Claretha Golden  
Document Specialist

Letter Number: 600A00028947

# 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:

HILDA'S Billing Solutions, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7105 SW 8TH Street STE 310  
Miami, FL: 33144

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Billing

## ARTICLE IV SHARES

The number of shares of stock is:

One Hundred Share of common stock  
at non par value

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Incorporator: Hildelys Acosta

President: Hildelys Acosta  
7105 SW 8th. STREET STE # 310  
MIAMI, FL. 33144

## ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

PEDRO GUTIERREZ HERNANDEZ  
5719 SW 19 STREET # S401  
MIAMI, FL. 33155-0000

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Hildelys Acosta  
7105 SW 8TH Street STE 310  
Miami, Fl: 33144

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

05/25/2000

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

05/12/2000

\_\_\_\_\_  
Date

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