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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Medistar Claims Management, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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-07/24/00--01089--020
*****78.75 *****78.75

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: Antwila Nicole Stewart
Name (Printed or typed)

2851 Northwest 184th Street
Address

Miami, Florida 33056
City, State & Zip

(305) 624-3122
Daytime Telephone number

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

Paykeloo

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:

Medistar Claims Management, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2851 Northwest 184th Street
Miami, Florida 33056

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Claims Billing

ARTICLE IV SHARES

The number of shares of stock is:

1,000 Common Stock

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

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

Antwila Stewart
2851 Northwest 184th Street
Miami, Florida 33056

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Antwila Stewart
2851 Northwest 184th Street
Miami, Florida 33056

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

Antwila Stewart

Signature/Registered Agent

7/20/00

Date

Antwila Stewart

Signature/Incorporator

7/20/00

Date

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