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

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SUBJECT:	Medical Billing and Accounting Services, Inc.			
SUBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
	•			TIVE DATE
		•	<u>08-</u>	08-200
Enclosed is an origin	al and one(1) copy of the article	s of incorporation and a	check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Status \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Ana Cecilia Pena Name (P	rinted or typed)		
	8015 SW 107th Aven	ue # 203 Address		
Miami, FL 33173				2
City, State & Zip			CRETAL	
(305) 271-8370 SS F S				
CORRECT COLP ESTE S-21-1	BY PHONE TO ERA QUE)F STATE , FLORIDA	ON NIC 14 PM 4: 02
EU LEXAM	OTE: Please provide the or	iginal and one copy of	the articles.	(b , 2)

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: Medical Billing and Accounting Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 8015 SW 107th Avenue # 203 Miami, FL 33173

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical billing and accounting services

ARTICLE IV SHARES

The number of shares of stock is:

One hundred shares of capital stock, having a par value of one dollar per share and the amount of capital with which this corporation will begin business is (300.00) three hundred dollars.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address (es):
President and Secretary
Ana Cecilia Pena
8015 SW 107th Avenue # 203 Miami, FL 33173

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is: Ana Cecilia Pena 8015 SW 107th Avenue # 203 Miami, FL 33173

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Ana Cecilia Pena 8015 SW 107th Avenue #203 Miami, FL 33173

ARTICLE VIII EFFECTIVE DATE

The effective date of the existance of this corporation shall be at the time of subscription and acknowledge of date of file.

Having been named as registered agent to accept service of processed 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/Incorporator / Registered Agent

8/8/00

LAHASSEE. FLORIDA

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