TRAISMITTAL ET ER

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

200003388552--4 -09/11/00--01111--020 *****78.75 *****78.75

SUBJECT: CAPITAL BILLING 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 ADDITIONAL CO	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	FROM: DENISE WALLIN Name (Printed or typed)		
9208 SUN POINTE DRIVE Address BOYNTON BEACH, FL 33437			TAI.
	City, State & Zip 561 - 752 - 2032 Daytime Telephone number		OO SEP 11 PH 12: 52 SECRETARY OF TAIL

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

ARTICALS OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621,F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Capital Billing, Inc.

ARTICLE II PRINCIPLE OFFICE

The principle place of business/mailing address is:

9208 Sun Pointe Drive Boynton Beach, FL 33437

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Billing

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address (es):

Denise Wallin

9208 Sun Pointe Drive Boynton Beach, FL 33437 Guy Wallin

9208 Sun Pointe Drive

Boynton Beach, FL 33437

ARTICLE VI REGISTERED AGENT

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

Denise Wallin 9208 Sun Pointe Drive Boynton Beach, FL 33437

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Denise Wallin 9208 Sun Pointe Drive

Boynton Beach, FL 33437

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/Incorporator

