

## TRANSMITTAL LETTER

Pol 0000004533

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

200003528322--3  
 -01/08/01--01118--014  
 \*\*\*\*\*87.50 \*\*\*\*\*87.50

**SUBJECT:** ALTERNATIVE 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:** MARY ANN MARIANO  
 Name (Printed or typed)

888X 2221 SE Sidonia Street  
 Address

Port St. Lucie, FL 34952  
 City, State & Zip

561-398-6345  
 Daytime Telephone number

**FILED**  
 01 JAN - 8 PM 4:14  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

*ajl/11*

# 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:

ALTERNATIVE BILLING SOLUTIONS, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

219 SW Langfield Avenue  
Port St. Lucie, FL 34984

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Billing and consultation services.

## ARTICLE IV SHARES

The number of shares of stock is:

Two thousand (2000) shares

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Joseph Cecere  
219 SW Langfield Ave.  
Port St. Lucie, FL 34984

Mary Ann Mariano  
2221 SE Sidonia Street  
Port St. Lucie, FL 34952

## ARTICLE VI REGISTERED AGENT

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

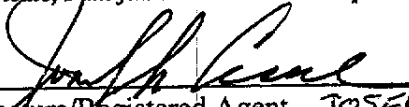
Joseph Cecere  
219 SW Langfield Ave.  
Port St. Lucie, FL 34984

## ARTICLE VII INCORPORATOR

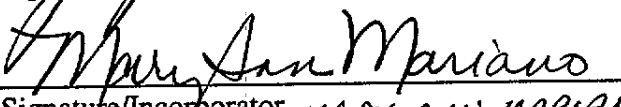
The name and address of the Incorporator is:

Mary Ann Mariano  
2221 SE Sidonia Street  
Port St. Lucie, FL 34952

\*\*\*\*\*  
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 JOSEPH CECERE

1-5-2001  
Date

  
Signature/Incorporator MARY ANN MARIANO

1-5-2001  
Date

FILED  
01 JAN -8 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA