FEB-13-01 TUE 01:44 PM LAZARUS CORPORATION

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Florida Department of State Division of Corporations Public Access System Katherine Harris, Secretary of State

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)220-1440



FLORIDA PROFIT CORPORATION OR P.A.

NATION-WIDE BILLING SERVICES INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

<u>ARTICLE I - NAME</u>

The name of the corporation shall be:

NATION-WIDE Billing Services Inc

ARTICLE II – PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

15637 Sw 97 terr, MiAMI F/ 33196

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LaurA Macli 15637 S.W. 97 Ter Miami F1 33194

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<u>ARTICLE V - INCORPORATOR</u>

The name and street address of the incorporator to these Articles of incorporation is: LAURA MACLI

15637 5W 97 terr Miani Fl. 33196

The undersigned incorporator has executed these Articles of incorporation this 13 day of <u>February</u> 2001

ARTICLE VI- DIRECTOR(S)

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The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Launa Maeli (President) .15637 B.W. 97 Ten Miami F1 33196

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

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