

TRANSMITTAL LETTER

P010000 18439

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

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-02/19/01--01038--014
*****78.75 *****78.75

SUBJECT: TEK Medical / Dental Billing Service, Corp.
(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: Edna Martinez
Name (Printed or typed)

4689 Cheyenne Point Trail
Address

Kissimmee, Florida 34746
City, State & Zip

(407) 390-0973
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 FEB 19 AM 7:07

FILED

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

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:

TEK Medical / Dental Billing Service, Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4689 Cheyenne Point Trail
Kissimmee, Florida 34746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Insurance Claims Processing Electronically

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Tasha ROSA
4689 Cheyenne Pt. Tr.
Kissimmee, FL 34746

Monica Marquez
4680 Cheyenne Point Trail
Kissimmee, FL 34746

ARTICLE VI REGISTERED AGENT

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

Edna Martinez
4689 Cheyenne Point Trail
Kissimmee, FL 34746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Edna Martinez
4689 Cheyenne Point Trail
Kissimmee, FL 34746

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

Edna Martinez
Signature/Registered Agent

Date

Edna Martinez
Signature/Incorporator

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 FEB 19 AM 7:07

FILED

2/16/01

~~9/26/00~~

2/16/01

~~9/26/00~~