

TRANSMITTAL LETTER

P01000020245

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

SUBJECT: Whymss Medical Billing INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700003673757--8  
-02/12/01--01026--005  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: Shorman Whymss  
Name (Printed or typed)

7510 NW 70<sup>th</sup> AVE  
Address

TAMARAC, FL 33321  
City, State & Zip

1-954- 722- 3460  
Daytime Telephone number

FILED  
01 FEB 23 AM 8:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

T. Burch FEB 26 2001



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

February 13, 2001

SHARMAN WHYMSS  
7510 NW 70TH AVE  
TAMARAC, FL 33321

SUBJECT: WHYMSS MEDICAL BILLING INC  
Ref. Number: W01000003463

We have received your document for WHYMSS MEDICAL BILLING INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6926.

Gina Bullock  
Document Specialist

Letter Number: 601A00008970

**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:

Whymss Medical Billing INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

7510 NW 70 AVE  
Tamarac, FL 33321

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROCESS MEDICAL CLAIMS FROM HOME.

**ARTICLE IV SHARES**

The number of shares of stock is:

200,000 FOR NOW.

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

John P.S. Whymss Sr. / PRES.  
Sharman Whymss / VICE PRES.

**ARTICLE VI REGISTERED AGENT**

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

Sharman Whymss  
7510 NW 70 AVE  
Tamarac FL 33321

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

John P.S. Whymss Sr.  
7510 NW 70 AVE  
Tamarac, FL 33321

\*\*\*\*\*

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

Sharman Whymss

Signature/Registered Agent

2/1/01

Date

[Signature]

Signature/Incorporator

02/01/01

Date

FILED  
01 FEB 23 AM 8:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA