TRANSMITTAL LETTER

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

SUBJECT:

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

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) The name of the corporation shall be: FILED Accelerated Billing Services, Inc. 01 MAY 16 AM 11: 05 SECRETARY OF STATE PRINCIPAL OFFICE TALLAHASSEE, FLORIDA The principal place of business/mailing address is: 11401 Royal Palm Blud Coral Springs FZ 33065 The purpose for which the corporation is organized is: Billing Source ARTICLE IV The number of shares of stock is: INITIAL OFFICERS/DIRECTORS The name(s) and address(es): LYNN D. ASHNEION 11401 Royal Aalm Bluck Coral Springs 72 33016 REGISTERED AGENT The name and Florida street address of the registered agent is: LYNN D. ASHICON 11401 Kajal Palm Blid The name and address of the Incorporator is: LANN DASHNOOM 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 ture/Registered Agent