

TRANSMITTAL LETTER

PO1000066860

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

100004375411--7
-06/07/01--01057--012
*****78.75 *****78.75

SUBJECT: ALLIED 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: CORLISSA DAY
Name (Printed or typed)

8326 DUNDEE TERRACE
Address

MIAMI LAKES, FL 33016
City, State & Zip

305 343-0683
Daytime Telephone number

01 JUL -9 AM 9:59
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

6001-13376
75 6/12/01
75 7/9/01



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 12, 2001

CORLISSA DAY
8326 DUNDEE TERRACE
MIAMI LAKES, FL 33016

SUBJECT: BILLING SOLUTIONS, INC
Ref. Number: W01000013376

We have received your document for BILLING SOLUTIONS, INC and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any further questions concerning your document, please call (850) 487-6915.

Pamela Smith
Document Specialist
New Filings Section

Letter Number: 901A00035939

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: ~~Billing Solutions, Inc.~~

Allied Billing Solutions, Inc.

FILED

01 JUL -9 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7154 N. UNIVERSITY DRIVE
Suite 164
TAMARAC, FL. 33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Billing Services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

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

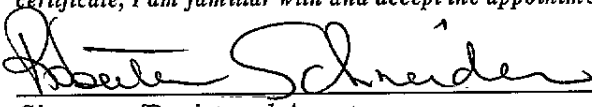
ROBERTA SCHNEIDER
8022 BUTTWOOD CIRCLE
TAMARAC, FL. 33321

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CARLISSA DAY
8326 DUNDEE TERRACE
MIAMI LAKES, FL. 33016

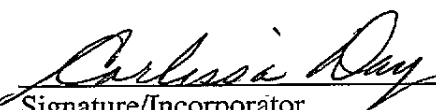
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

6-5-01

Date



Signature/Incorporator

6/5/01

Date