Florida Department of State

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

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

Phone : (305)599-0839

Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

A1A MEDICAL BILLING, INC.

Certificate of Status	0
Certified Copy	1
Page Count	945
Estimated Charge	\$78.75

B. McKnight AUG 2 4 2001

ARTICLES OF INCORPORATION

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, do hereby adopt the following articles of incorporation:

ARTICLE ONE

The name of the corporation is A1A MEDICAL BILLING, INC.

ARTICLE TWO

The duration of the corporation is perpetual.

ARTICLE THREE

The general purpose for which the corporation is organized are:

- 1. To engage in the business of installation drywall.
- 2. To transact any other lawful business for which corporations may be incorporated under the Florida General Corporation Act.
- 3. To do such other things as are incidental to the forgoing or necessary or desirable in order to accomplish the foregoing.

ARTICLE FOUR

The aggregate number of shares which the corporation is authorized to issue is 100. Such shares shall be of a single class, and shall be \$5.00 par value.

ARTICLE FIVE

The corporation is authorized to issue only one class of stock, and all issued stock shall be held of record by not more than ten persons. Stock shall be issued and transferable only to natural persons.

ARTICLE SIX

No stockholder shall have the right to sell, assign, pledge, transfer, devise, or otherwise dispose of any of the shares of the corporation without first offering such shares for sale to the corporation at the net asset value thereof.

ARTICLE SEVEN

The street address of the initial business office of the corporation is 1921 SW 18th Avenue, Miami, Florida 33145 and the name of its initial registered agent is Marilyn Fernandez.

ARTICLE EIGHT

	The	number	of	directors	constitutin	g' the	initial	board	of	directors	of	the
corpora	ition	îs <u>one</u>		The	name and	addres	s of eac	th perso	n w	tio is to se	-rve	AS 3
membe	r of i	nitial boa	rd. ol	f directors	is:			•				
•												
NAME								ADDRE	55			
							•	CODICE.	33			
<u>Marilyn</u>	Fern	andez					4	001 64		.		
					-,- ,			7 1 2 M	<u>/ [8</u>	th Avenue	5	
							3	<u> Yiami, I</u>	133	3145		

ARTICLE NINE

A unanimous vote of directors of effective directors' action is required at all directors meetings.

ARTICLE TEN

The name and address of each incorporator is:							
Name:	Address						
Marllyn Fernandez	1921 SW 18th Avenue						
	Miami, Florida 33145						
Executed by the undersigned at							
Miami Florida							
On August 23 2							
	R CHANGING) PLACE OF BUSINESS OR DOMICILE S WITHIN THE STATE, NAMING AGENT UPON D.						
in pursuance of Chapter 60 compliance with said Act:	D7.34 Florida Statutes, the following is submitted, in						
First-That A1A MEDI	CAL BILLING, INC						
	(NAME OF CORPORATION)						

desiring to organ	nize under th	e laws of the St	ate ofFlor	ida
with its principa	l office, as in	dicated in the a	rticles of incorporation	on at City of
MIANI (County of	DADE	_, State of Florida ha	ıs named
(CITY)		(COUNTY)	_	
MARILYN PER	NANDEZ		located	at
(NAME OF RE	SIDENT AG	ENT)		
1921 SW: 18t	h AVENUE;	MIAMI, FLORI	DA 33145	
(STREET ADD	RESS AND	NUMBER OF	BUILDING, POST	OFFICE BOX ADDRESS
NOT ACCEPTA	ABLE)			
City of	LAMI		, County of	DADE
•	(CITY)			(COUNTY)

State of Florida, as its agent to accept service of process within this state.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT).

Having been named to accept service of process for the above stated corporation, at place designated in this certificate. I hereby accept to act in its capacity, and agree to comply with the provision of said Act relative to keeping open said office.

Signature Registered Agent and Incorporator

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O1 AUG 23 AM 9: 42 SECRETARY OF STATE PALLAHASSET, FLORIN

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	ine	number	OĮ.	directors	Constitutin	g the	initial	board	of	directors	of	the
corpora					name and							
				f directors				·				
•												
NAME								ADDRE	SS			
<u>Marilyn</u>	Fern	andez					1	921 SW	/ <u>18</u>	th Avenu	<u>e</u>	
]	<u> Miami, I</u>	FC 33	1145		

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The name and address of each in	corporator is:
Name:	Address
Marilyn Fernandez	1921 SW 18th Avenue
	Miami, Florida 33145
Executed by the undersigned at	
On August 23	ر 20 <u>01</u> .
	(OR CHANGING) PLACE OF BUSINESS OR DOMICILE CESS WITHIN THE STATE, NAMING AGENT UPON RVED.
_	· · · · · · · · · · · · · · · · · · ·
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	(NAME OF CORPORATION)

desiring to d	organize under ti	ne laws of the Sta	ite of Flor	<u>ida</u>
with its prin	cipai office, as it	ndicated in the a	rticles of Incorporation	on at City of
MIAMI	County of	DADE	_, State of Florida h	as named
(CITY)		(COUNTY)		
MARILYN	PERNANDEZ		located	at
(NAME O	F RESIDENT AC	JENT)		•
1921 SW	18th AVENUE;	MIAMI, WLORI	DA 33145	
(STREET	ADDRESS AND	NUMBER OF	BUILDING, POST	OFFICE BOX ADDRESS
NOT ACC	EPTABLE)			
City of	HIAHI		, County of	DADE
	(CITY)			(COUNTY)

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