Florida Department of State

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

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

M & M ELECTRONIC MEDICAL BILLING CORPORATION

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

M & M ELECTRONIC MEDICAL BILLING CORPORATION a Florida corporation

ARTICLE I. CORPORATE NAME.

The name of this corporation is:

M & M ELECTRONIC MEDICAL BILLING CORPORATION

Corporate Address:

921 N.W. 133rd Avenue, Miami, Florida 33182

ARTICLE II. NATURE OF BUSINESS.

This corporation may engage in any activity or business permitted under the laws of the United States of America and the laws of the State

ARTICLE III. DURATION.

This corporation shall have perpetual existence unless sooner dissolved in accordance with the laws of the State of Florida. The date on which corporate existence shall begin is:

AUGUST 47 , 2001

ARTICLE IV. CAPITAL STOCK.

This corporation is authorized to issue shares of stock as follows:

- A. <u>Designation:</u> The stock of this corporation shall be known as Common
- B. Authorized: The maximum number of shares of Common Stock that this corporation may issue is: 200 .
- C. <u>Par Value:</u> Each share of Common Stock shall have NO par value.

Prepared By: Ana Maria Camacho, Esq. Bar No.: 0033677 9192 Coral Way - Suite 201 Miami, FL. 33165 (305) 227-0727

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- D. <u>Consideration</u>: Shares of Common Stock may be issued in exchange for cash, real property, labor or services rendered, or any other combination of the foregoing. In the absence of fraud in the transaction, the judgment of the Board of Directors as to the value of any such consideration shall be conclusive.
- E. Non-assessability: Each share of Common Stock shall be issued in exchange for consideration which is at least equal to the par value thereof, and shall be fully paid and non-assessable.
- F. <u>Voting Rights:</u> Each share of Common Stock shall entitle the record holder thereof, to one vote upon each proposal presented at meetings of the stockholders of the corporation.
- G. <u>Dividends</u>: Record holders of Common Stock are entitled to receive their pro-rata share of any dividends that may be declared by the Board of Directors out of assets legally available for such purpose.
- H. <u>Liquidation Rights:</u> Holders of Common Stock are entitled, in the event of liquidation or dissolution of this corporation, to receive their pro-rata share of any assets of this corporation remaining after payment of all corporate debts and obligations.

ARTICLE V. INITIAL REGISTERED AGENT AND OFFICE.

The street address of the Initial Registered Office of this corporation is: 921 N.W. 133rd Avenue, Miami, Florida 33182 and the name of the Initial Registered Agent of this corporation at that address is MARLEN ALMODOVAR

ARTICLE VI. DIRECTORS.

This corporation shall have initially two Directors. The number of Directors may either increase or decrease, from time to time by the bylaws but shall never be less than one. The name(s) and address of the Initial Director(s) of this corporation are:

MARLEN ALMODOVAR, Director, at: 921 N.W. 133rd Ave., Miami, FL. 33182

NEFTALI ALMODOVAR, Director at: 921 N.W. 133rd Ave. Miami, FL. 33182

And the initial officer(s) of this corporation shall be:

MARLEN ALMODOVAR, President - 921 N.W. 133rd Ave., Miami, FL. 33182

NEFTALI ALMODOVAR, Vice-President - 921 N.W. 133rd Ave., Miami, FL. 33182

MARLENE ALMONTE, Secretary - 921 N.W. 133rd Ave., Miami, FL. 33182

ARTICLE VII. INITIAL SUBSCRIBER.

The name and address of the Initial Subscriber of these Articles of Incorporation is: MARLEN ALMODOVAR located at 921 N.W. 133rd Ave., Miami,

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this __27__ day of AUGUST, 2001._

Subscriber-MARLEN ALMODOVAR

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE) SS:

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared MARLEN ALMODOVAR known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named person: D.L.#A453-544-56-765 and that an oath (was) (was not) taken.

Witness my hand and seal in the County and State last aforesaid this day of AUGUST, 2001.

CASCIE LLAVER
CASCIE LLAVER
CASCIE LLAVER
COMMISSION NUMBER
COMMISSION EXPRES
JUNE 26,2004

CASSIE Wanes

Printed Notary Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

First - That M & M ELECTRONIC MEDICAL HILLING CORPORATION desiring to organize under the laws of the State of Florida with its principal office, as indicated in these Articles of Incorporation has named MARLEN ALMODOVAR located at 921 N.W. 133rd Ave., Miami, FL. 33182, City of Miami, County of Miami-Dade, State of Florida, as its agent to accept service of process within this state.

SS;

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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE:

MARLEN ALMODOVAR, as Registered Agent

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE

I hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared MARLEN ALMODOVAR known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that she executed the same, that I relied upon the following form of identification of the above-named person: D.L.# A 453-544-56-765 and that an oath (was) (was not) taken.

Witness my hand and seal in the County and State last aforesaid this day of August, 2001.

COMMISSION FORMES

OF FLORE

OF FLOR

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Printed Notary Signature

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