# PODODO9/092 TRANSMITTAL LETTER FILED

02 AUG 22 AM 9: 19

Department of State Division of Corporation P. O. Box 6327 Tallahassee, FL 32314 SECH STATE TALLAHASSEE, FLORIDA

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American Billing Service, Inc.

(Proposed corporate name - must include suffix)

Enclosed is an original and one (I) copy of the articles of incorporation and check for

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

☐ \$78.75
Filing Fee &
& Certified Copy

☐ \$87.50
Filing Fee
Certified Copy

& Certificate of Status

ADDITIONAL COPY REQUIRED

FROM	Pleiman & Co., PA	
	9471 Baymeadows Road, Suite 308	6000067219067 -07/29/0201044009 ******78.75 *****78.75
	Jacksonville, FL 32256	<del></del> -
	(904) 448-5005	

NOTE:

Please provide the original and one copy of the articles

C. BLALOCK AUG 2 = ZULL



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 30, 2002

PLEIMAN & CO., PA 9471 BAYMEADOWS RD STE 308 JACKSONVILLE, FL 32256

SUBJECT: AMERICAN BILLING SERVICE, INC. Ref. Number: W02000021873

We have received your document for AMERICAN BILLING SERVICE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(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.

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) 245-6925.

Cynthia Blalock Document Specialist New Filing Section

Letter Number: 502A00045886



### PLEIMAN & COMPANY, P.A.

#### Certified Public Accountants

9471 Baymeadows Rd., Suite 308 • Jacksonville, FL 32256 Phone: (904) 448-5005 • Fax: (904) 448-9354 • www.pleiman.com

August 16, 2002

Florida Department of State Attn: Cynthia Blalock, Document Specialist New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Enclosed please find the corrected Articles of Incorporation. The name is referenced as: American Billing Service of Jacksonville International, Inc. and the address has been changed to the physical location of 4427 Emerson Street, Bldg 3-G, Jacksonville, FL 3220-7-4969. We believe that satisfying the requirements listed in your letter of correction.

We have attached your letter for reference.

Should you have any further concerns, please do not hesitate to contact this office.

Very trady yours,

Deborah Alexa Office Manager

#### FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and /or Chapter 621, F.S. (Profit)

02 AUG 22 AM 9: 19

SEC. TALLAHASSEE, FLORIDA

#### ARTICLE I NAME

The name of the corporation shall be

American Billing Service of Jacksonville International, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be

4427 Emerson Street, Bldg 3, Suite G, Jacksonville, FL 32207-4969

ARTICLE III PURPOSE

The purpose of which the corporation is organized is:

Collections and Billings

ARTICLE IV SHARES

The number of shares of stock is:

One Hundred (100)

ARTICLE V INITAIL OFFICERS/DIRECTORS (OPTIONAL)

The name(s) address(es) and title(s):

John M. Hoblit; President/Owner/Director

ARTICLE VI REGISTERED AGENT

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

Thomas C. Pleiman, Jr. 9471 Baymeadows Road, Suite 308 Jacksonville, FL 32256

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Pleiman & Company PA 9471 Baymeadows Road, Suite 308 Jacksonville, FL 32256

(An additional article must be added if an effective date is requested)

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 am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

Signature/Incorporator

Date

Date