

PO2000129230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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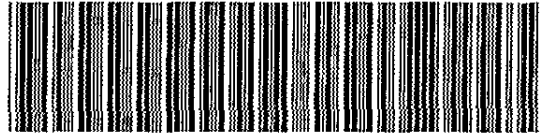
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02 DEC -6 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ms 12/9

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 article of incorporation and a check for:

<input type="checkbox"/>	\$70.00	<input type="checkbox"/>	\$78.75	<input checked="" type="checkbox"/>	\$78.75	<input type="checkbox"/>	\$87.50
	Filing Fee		Filing Fee & Certificate of Status		Filing Fee & Certified copy		Filing Fee, Certified Copy & Certificate of Status

FROM: Amie Packman

Name (print or typed)

9072 Villa Portofino Circle

Address

Boca Raton, FL 33496

City, State, & Zip

561-271-6633

Daytime Telephone Number

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be :

POD Billing Service, Inc.

ARTICLE II PRINCIPAL PLACE OF BUSINESS

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

9072 Villa Portofino Circle
Boca Raton, FL 33496

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is : 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Amie Packman
9072 Villa Portofino Circle
Boca Raton, FL 33496

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Amie Packman
9072 Villa Portofino Circle
Boca Raton, FL 33496

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this:

5th day of December, 2002



Signature

Signature

Signature

**ARTICLES OF INCORPORATION
FILING FEE - \$ 35
CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 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.

1. The name of the corporation is: POD Billing Service, Inc.

2. The name and address of the registered agent and office is:

Amie Packman
(Name)

9072 Villa Portofino Circle
(P.O. Box not acceptable)

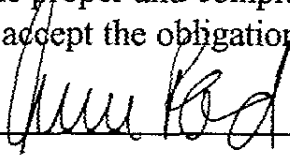
Boca Raton, FL 33496
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 certification, 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 statutes 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)

December 5, 2002
(Date)