

P02000 134877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: All-N-One Medical Billing Services Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Angela Walker George
Name (Printed or typed)

6556 Arancio Dr W
Address

Jacksonville, Florida 32244
City, State & Zip

(904) 771-7800
Daytime Telephone number

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

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:

All-N-One Medical Billing Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6556 Arancio Dr W
Jacksonville, Fl 32244

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide medical billing services for Medical Doctors

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

n/a

ARTICLE VI REGISTERED AGENT

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


Angela Walker George
6556 Arancio Dr W
Jacksonville, Fl 32244

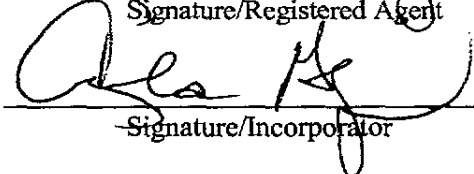
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Angela Walker George
6556 Arancio Dr W
Jacksonville, Fl 32244

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


Signature/Incorporator

12-17-02

Date

12-17-02

Date

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TALLAHASSEE FLORIDA