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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
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FLORIDA PROFIT CORPORATION OR P.A.

UNLIMITED MEDICAL BILLING SERVICES CORP.

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

H 03000031314 of

Unlimited Medical Billing Services Corp.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Unlimited Medical Billing Services Corp.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue five hundred shares (500) of one dollar Dollar(s) (\$ 1 ) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	Yanet Escalante		
ADDRESS	5390 W. 21 ct. apt # 311		
CITY	Hialeah -	FLORIDA	ZIP 33016

The principal office, if known, or the mailing address of the corporation is:

NAME	Yanet Escalante		
ADDRESS	5390 W. 21 ct. apt # 311		
CITY	Hialeah -	FLORIDA	ZIP 33016

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ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Yanet Escalante		
ADDRESS	5390 W. 21 ct. apt. 311		
CITY	Hialeah - Fl.	STATE	Fl.
			ZIP 33016
NAME	Abel Escalante		
ADDRESS	5390 W. 21 ct. apt # 311		
CITY	Hialeah -	STATE	Fl.
			ZIP 33016
NAME			
ADDRESS			
CITY		STATE	
			ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Yanet Escalante		
ADDRESS	5390 W. 21 ct. apt. # 311		
CITY	Hialeah -	STATE	Fl.
			ZIP 33016
NAME			
ADDRESS			
CITY		STATE	
			ZIP
NAME			
ADDRESS			
CITY		STATE	
			ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 21 st day of January 03

\_\_\_\_\_ (Seal)

\_\_\_\_\_ (Seal)

\_\_\_\_\_ (Seal)

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CERTIFICATE AND KNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT  
OF

Unlimited Medical Billing Services Corp.  
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 5390 W. 21st. apt. # 311  
Hialeah - FL 33016

has named Yanet Escalante

located at the aforesaid address, as its Registered Agent to accept service of process within  
this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated  
corporation at the place designated in this certificate, and being familiar with the obliga-  
tions of that position, I hereby accept to act in this capacity, and agree to comply with the  
provisions of Florida Law in keeping open said office.

[Signature]  
(Registered agent)

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