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TRANSMITTAL LETTER

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 BILLING OPTIONS, 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 \$87.50 **378.75** Filing Fee Filing Fee Filing Fee, Filing Fee & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED NANCY HASSETT, HASSETT LICENSING SERVICES FROM:

1930 WESTGATE AVENUE

LARGO, FL 33770

727 559-9696

Department of State

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

Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

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:

BILLING OPTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 10407 GOLDENBROOK WAY TAMPA, FL 33647

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO ACT AS A PROVIDER OF BILLING SERVICES FOR THE SUPPORT CARE
COORDINATORS OF SPECIAL NEEDS INDIVIDUALS.

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

RICHARD K. KRAVITZ, PRESIDENT/SECRETARY/TREASURER 10407 GOLDENBROOK WAY TAMPA, FL 33647

ARTICLE VI REGISTERED AGENT

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

RICHARD K. KRAVITZ 10407 GOLDENBROOK WAY TAMPA, FL 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RICHARD K. KRAVITZ 10407 GOLDENBROOK WAY TAMPA, FL 33647

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

, , <u>-</u>

Date

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