P03000026553

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
-/
Muskuky





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03-cb-03 B.

TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	1		TREQUIRED	
FROM:	Daniel Cruz	(Printed or typed)	A STATE OF THE STA	
6278 W. 22 ct #7				
	Higherh, F	L 33016 State & Zip		
	305-556	-6607	• .	

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

Daytime Telephone number



FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

February 25, 2003

DANIEL CRUZ 6278 W 22 CT # 7 HIALEAH, FL 33016

SUBJECT: EMERGENCY PHSICANS COLLECTIONS

Ref. Number: W03000005468

We have received your document for EMERGENCY PHSICANS COLLECTIONS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6928.

Tim Burch Document Specialist New Filing Section

Letter Number: 003A00012158

03 MAR -6 AN ID: 55
SECREPTLY OF SIME

ARTICLE I NAME		
The name of the corporation shall be:	0	
The name of the corporation shall be: Emergency Physicians Collections	Carb.	
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
6278 W. 22 C+, #7		
Hialegh, FL 33016		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		
Collection Company For Physicians	COSP.	
Collection company for the second	- 1	
ARTICLE IV SHARES		
The number of shares of stock is: 1 - 5e f		
ADTICLE II INTELL OFFICERS (DIRECTORS (anti		23
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	A 2	
tion to the state of the state		
Daniel Cruz		ىب سى ئ
6278 W. 22 ct #7		က် 🐪
Hialegh, FL 33016		-2 (
MIGIEGY, PC 33018		
ARTICLE VI REGISTERED AGENT		. N
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	**	. N.3
Daniel Cruz		
6278 W. 22ct #7		
Hialeah, FL 33016		
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:	-	
Daniel Cruz + #7 6278 W. 22 ct #7		
6278 W. 22 ct #!		
Higleah, F.L. 33016		
**************************************	******	*****
Having been named as registered agent to accept service of process for the above stated col		
certificate, I am familiar with and accept the appointment as registered agent and agree to a		
α	_	_
_ Janul (no	2-19-	03
Signature/Registered Agent	Date	
	_	
1) change (June	2-19-	03
Signature/Incorporator	Date	
-O	2-4	

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