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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name : ULTIMATE MEDICAL BILLING, INC.

Account Number : 120030000011 Phone : (305)448-7675 Fax Number : (305)448-9146

FLORIDA PROFIT CORPORATION OR P.A.

WINGS OF AMERICA EXPRESS, INC.

Certificate of Status	4	0
Certified Copy	<u>, r</u>	1
Page Count	4.25	01
Estimated Charge		\$78.75

SECRETARY OF STATE OIVISION OF CORPORATIONS

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#### 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 Article of Incorporation.

### ARTICLE 1- NAME

WINGS OF AMERICA EXPRESS, INC.

## ARTICLE II-PRINCIPAL OFFICE

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

99 NW 183 STREET, SUITE 117 MIAMI, FL 33014

#### **ARTICLE III - SHARES**

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

## ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MANUEL LOZANO 7400 MIAMI LAKES DRIVE #D205 MIAMI LAKES, FL 33014

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## ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Manuel Lozano 7400 Miami Lakes Drive, #D205 Miami Lakes, FL 33014

The undersigned incorporator has executed these Articles of Incorporation this 26 day of March 20 03

## ARTICLE VI- DIRECTOR(S)

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

Manuel Lozano PRESIDENT 7400 Miami Lakes Drive, #D205 Miami Lakes, FL 33014

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature