

P03888046823

(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:

Office Use Only



300015847513

04/28/03--01036--008 **78.75

RECEIVED
03 APR 28 PM 10:05
STATE DEPARTMENT OF REVENUE
FILED

FILED STATE DEPARTMENT OF CORPORATIONS
03 APR 28 PM 1:24

4-28-03

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. SITIECITOS BILLING & MANAGEMENT, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

Walk in

Pick up time

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
03 APR 28 PM 1:24

ARTICLE I NAME

The name of the corporation shall be:

SITIECITOS BILLING & MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4800 W. FLAGLER STREET #218., MIAMI, FLORIDA 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BILLING AND MANAGEMENT SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES TO 1.00 EACH

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

MAGBIS PEREZ, AS PRESIDENT WITH ADDRESS AT: 4800 W. FLAGLER STREET SUITE #218., MIAMI, FL 33134

ARTICLE VI REGISTERED AGENT

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

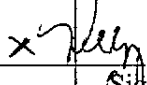
MAGBIS PEREZ., WITH ADDRESS AT: 4800 W. FLAGLER ST. #218., MIAMI, FLORIDA 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MAGBIS PEREZ WITH ADDRESS AT: 4800 W. FLAGLER STREET SUITE # 218., MIAMI, FLORIDA 33134


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

x 

Signature/Registered Agent

04/23/03

Date

x 

Signature/Incorporator

04/23/03

Date