

PD3D000053869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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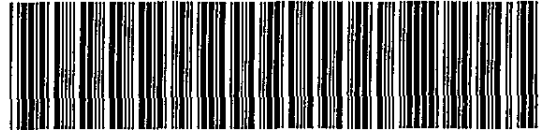
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03 MAY - 8 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

280  
5/15/03

## TRANSMITTAL LETTER

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

SUBJECT: M. AZAROWICZ INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Michael Azarowicz  
Name (Printed or typed)

5648 Biscayne Dr.  
Address

Greenacres, Fl. 33463  
City, State & Zip

(561) 966-4402  
Daytime Telephone number

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

# 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:

M. AZAROWICZ INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5648 Biscayne Dr.  
Greenacres, Fl. 33463

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BILLING SERVICES

## ARTICLE IV SHARES

The number of shares of stock is:

FIVE HUNDRED OF ONE.

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

MICHAEL AZAROWICZ (President. 100%)  
5648 Biscayne Dr.  
Greenacres, Fl. 33463

## ARTICLE VI REGISTERED AGENT

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

M. AZAROWICZ INC - Michael Azarowicz President -  
5648 Biscayne Dr. 100 % shares owner  
Greenacres, Fl. 33463

## ARTICLE VII INCORPORATOR

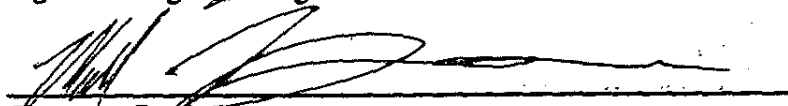
The name and address of the Incorporator is:

M. AZAROWICZ - MICHAEL AZAROWICZ President-  
5648 Biscayne Dr.  
Greenacres, Fl. 33463

\*\*\*\*\*  
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

03-18-03  
Date

  
Signature/Incorporator

03-18-03  
Date

03 MAY -8 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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