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TRANSMITTAL LETTER

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

SUBJECT: BZ Modical Billers 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

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

· 1

Name (Printed or typed)

2421 Sandy La

Orlando

32818

City, State & Zip

401-447-4276

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

A Y	
ARTICLES OF INCORPORATION	FILED
'In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	03 MAY -8 AM 8: 36
ARTICLE I NAME The name of the corporation shall be:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
BZ Medical Billers, Inc	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
2421 Sandy Lane	
Orlando, FL 32818	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
All lawful purposes.	
ARTICLE IV SHARES The number of shares of stock is: 100 Shares	
• •	~.
ARTICLE V INITIAL OFFICERS/DIRECTORS (optiona The name(s), address(es) and title(s):	<u>u</u>
Director/President - Zanaida Smith	2421 Sandy Lane Orleng
Vice President Secretary-Bernice Rawlins	480 Short Pine Circle, Or FL
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	. · · · · · · · · · · · · · · · · · · ·
Jacqueline S. Best Rendo 895 Cuffer Rd	
Longwood, FL 32779 ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Zanaida Smith	
2421 Sandy Lane Partarramanantanananananananananananananananana	**********
Having been named as registered agent to accept service of process for the above st certificate. I am familiar with and accept the appointment as registered agent and ag	
Harqueline Rendo	5/6/03
Signature/Registered Agent	Date
Lonarda Sunt	5/3/03
Signature/Incorporator	Date