

P0300000001461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

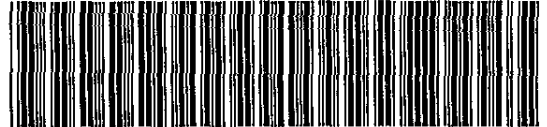
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

5/24/03

TRANSMITTAL LETTER

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2003 MAY 29 PM 3:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SUBJECT: US Medical Billing Services INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Carlota J. Caracut
Name (Printed or typed)

726 Oak Shadows Rd
Address

Celebration, FL 34747
City, State & Zip

407-617-4512
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:

US Medical Billing Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

726 Oak Shadows Rd
Celebration, FL 34747

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation shall engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

3000 shares, each share having the par value of ONE Dollar

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

President: Carlota J. Caracut

ARTICLE VI REGISTERED AGENT

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

Carlota J Caracut
726 oak Shadows Rd
Celebration, FL 34747

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carlota J. Caracut
726 Oak Shadows Rd
Celebration, FL 34747

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

Carlota J. Caracut
Signature/Registered Agent

05/27/2003

Date

Carlota J. Caracut
Signature/Incorporator

05/27/2003

Date

FILED

2003 MAY 29 PM 3:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA