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03 SEP 25 AHII: 35

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Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

SUBJECT: All Billing Solutions, Inc.

Enclosed is an original and (1) copy of the Articles of Incorporation and a check for:

\$70.00
Filing Fee
& Certified
Copy

\$87.50
Filing Fee
& Certified
Copy
Certificate of Status

FROM: JOYCE DIVERO Name(printed or typed)

HOZZ N. LINCOLN AUE

Tampa FL 33607
City State & Zip

(813) 765-0311 Daytime Telephone Number

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

3 SEP 25 AHII:

ARTICLES OF INCORPORATION OF

All Billing Solutions, Inc,.

ARTICLE I

The name of the Corporation is All Billing Solutions, Inc.

ARTICLE II

Its initial registered office and principal office in the State of Florida is 4022 N Lincoln Ave, City of Tampa, County of Hillsborough. The name of the initial registered agent at such address is Joyce Olivero.

ARTICLE III

The nature of the business or purposes to be conducted or promoted is to engage in any lawful act or activity for which corporations may be organized under the Florida Business Corporation Act.

ARTICLE IV

The total number of shares of capital stock that the Corporation shall have authority to issue is 1,000 all of which are to be common stock with a par value of \$.01 per share.

ARTICLE V

The name and address of the incorporator is: Joyce Olivero. 4022 NLincoln Ave, Tampa, FL 33607.

ARTICLE VI

The corporation is to have perpetual existence.

ARTICLE VII

The private property of the stockholders shall not be subject to the payment of corporate debts.

ARTICLE VIII

Subject to the laws of the State of Florida, the following provisions are adopted for the management of the business, and for the conduct of the affairs of the corporation and for the conduct of the affairs of the corporation and for defining, limiting and regulating the powers of the corporation, the directors, and the stockholders:

- (a) The books of the corporation may be kept outside the State of Florida at such place or places as may from time to time be designated by the Board of Directors.
- (b) The business of the Corporation shall be managed by its Board of Directors and the Board of Directors shall have power to exercise all the powers of the Corporation, included(but not limited to) the power to create mortgages upon the whole or part of the property of the Corporation, real or personal, without any action of or by the stockholders, except as otherwise provided by statue.
- (c) The number of Directors constituting the initial Board of Directors is one(1). The number of Directors may be increased or decreased from time to time in accordance with the Bylaws, but shall never be less than one(1). The name and address of each initial Director of the Corporation is as follows:

Joyce Olivero.

4022 N Lincoln Ave Tampa, Fl 33607 (d) The Corporation reserves the right to amend, alter, change, add to or repeal any provision contained in these Articles of Incorporation in the manner now and hereafter prescribed by statue, and all the rights herein conferred are granted subject to this reservation.

ARTCLE IX

In accordance with Florida Statutes, the date when corporate existence shall commence is the date of subscription and acknowledgment of these Articles of Incorporation.

Joyce Olivero

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is All Billing Solutions, Inc.
- 2. The name and address of the registered agent and office is:

Joyce Olivero. 4022 N Lincoln Ave Tampa, FL 33607

Having been named registered agent and to accept service of process for the above stated Corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar and accept the obligations of my position as registered agent.

Signature

Date

SECRETARY OF STATE