

PO3000113534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

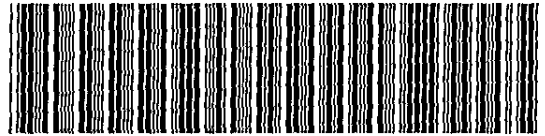
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

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03 OCT -9 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-14-03
[Signature]

TRANSMITTAL LETTER

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

SUBJECT: METICULOUS MEDICAL BILLING, 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: JAMES C. SIMPSON
Name (Printed or typed)

771 SW South MACEDO Blvd.
Address

Port St. Lucie, FL 34983
City, State & Zip

(772) 873-1818
Daytime Telephone number

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

**ARTICLES OF INCORPORATION
OF**

METICULOUS MEDICAL BILLING, INC.

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I. NAME

**The name of this corporation shall be:
METICULOUS MEDICAL BILLING, INC.**

ARTICLE II. INITIAL REGISTERED OFFICE AND MAILING ADDRESS

The street address of the initial registered office of this corporation is 771 SW SOUTH MACEDO BLVD., PORT ST. LUCIE, FLORIDA 34983.

ARTICLE III. CAPITALIZATION

The aggregate number of shares which the corporation is authorized to issue is 1,000. Such shares shall be f a single class, and shall have a par value of \$1.00 per share.

ARTICLE IV. INITIAL REGISTERED AGENT

The name and address of the initial registered agent is:

**James C Simpson
771 SW South Macedo Blvd.
Port St. Lucie, Florida. 34983**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V. INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

**James C. Simpson
771 SW South Macedo Blvd.
Port. St. Lucie, Florida 34983**


Signature/Incorporator

10/7/03
Date

Having been named as 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 agree 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 I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent

10/7/03
Date