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(Business Entity Name)

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TRANSMITTAL LETTER

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

SUBJECT: Tri-M Billing Center, 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 ☐ \$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: Maunda M. McGuire
Name (Printed or typed)

9440 Bridlewood Rd.
Address

Pensacola, FL 32526
City, State & Zip

(850) 944-7135
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:

Tri-M Billing Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9440 Bridlewood Rd.
Pensacola, FL 32526

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide medical Billing Services

ARTICLE IV SHARES

The number of shares of stock is: one

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Maunda McGuire
9440 Bridlewood Rd.
Pensacola, FL 32526
Owner/Director

ARTICLE VI REGISTERED AGENT

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

Maunda McGuire
9440 Bridlewood Rd.
Pensacola, FL 32526

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Maunda McGuire
9440 Bridlewood Rd.
Pensacola, FL 32526

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

Maunda McGuire
Signature/Registered Agent

10-6-03
Date

Maunda McGuire
Signature/Incorporator

10-6-03
Date

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