

PD3000135996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

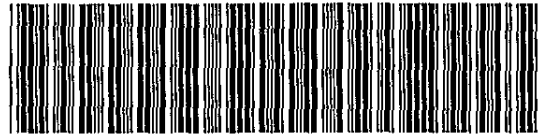
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 NOV 19 AM 9:21

11/20/03

TRANSMITTAL LETTER

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

SUBJECT: PROVIDERS BILLING SOLUTIONS, 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: AMELIA MEYRELES
Name (Printed or typed)

PO BOX 24539
Address

JACKSONVILLE, FLORIDA 32241-4539
City, State & Zip

904-868-6105
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 3, 2003

AMELIA MEYRELES
P.O. BOX 24539
JACKSONVILLE, FL 32241-4539

SUBJECT: PROVIDERS BILLING SOLUTIONS, INC.
Ref. Number: W03000032247

We have received your document for PROVIDERS BILLING SOLUTIONS, INC..
However, the document has not been filed and is being returned for the following:

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of
this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6934.

Loria Poole
Document Specialist
New Filings Section

Letter Number: 303A00059766

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03 NOV 12 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

PROVIDERS BILLING SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO Box 24539
JACKSONVILLE, FL 32241-4539

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Provide Billing + clerical services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

AMELIA MEYRELES - OWNER
PO Box 24539
JACKSONVILLE, FL 32241-4539

ARTICLE VI REGISTERED AGENT

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

AMELIA MEYRELES
10550 BAYMEADOWS Rd - #530
JACKSONVILLE, FL 32256

ARTICLE VII INCORPORATOR

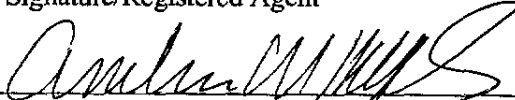
The name and address of the Incorporator is:

AMELIA MEYRELES
10550 BAYMEADOWS Rd - #530
JACKSONVILLE - FL 32256

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


Signature/Registered Agent

10/17/03
Date


Signature/Incorporator

10/17/03
Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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