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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 205-0381

From:  
Account Name : ULTIMATE MEDICAL BILLING, INC.  
Account Number : I20030000011  
Phone : (305) 263-9500  
Fax Number : (305) 263-8700

FLORIDA PROFIT CORPORATION OR P.A.

Pasos Import Export, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JAN -5 AM 10:00

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I- NAME**

Pasos Import Export, Inc.

**ARTICLE II-PRINCIPAL OFFICE**

The principal place of business and mailing of this corporation shall be:

15090 SW 104 Street, #1201  
Miami, FL 33196

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TALLAHASSEE, FLORIDA

**ARTICLE III - SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

**ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Carlos Eduardo Pasos  
15090 SW 104 Street, Apt 1201  
Miami, FL 33196

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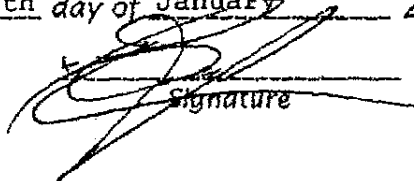
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ARTICLE V - INCORPORATOR

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

CARLOS EDUARDO PASOS  
15090 SW 104 Street, Apt 1201  
Miami, FL 3196

The undersigned incorporator has executed these Articles of Incorporation this 5th day of January 2004

  
Signature

ARTICLE VI- DIRECTOR(S)

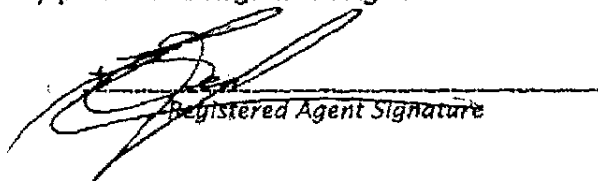
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Carlos Eduardo Pasos                      President  
15090 SW 104 Street, Apt 1201  
Miami, FL 33196

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
Registered Agent Signature

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