

P04000008369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

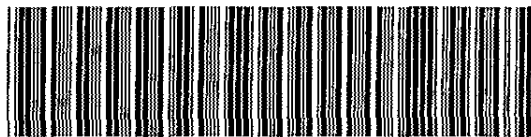
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRET
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: A.S.A.P. Billing and Collections, 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: Kimberly Spoon

Name (Printed or typed)

11531 NW 42nd Street

Address

Coral Springs, FL 33065

City, State & Zip

954-856-7792

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:

A.S.A.P. Billing and Collections, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10693 Wiles Rd. #216

Coral Springs, Fl 33076

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL ACTIVITY

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):

Patricia Panchaud
2121 NW 96th Terrace
Apt 14 B
Pembroke Pines, Fl 33024
President

Kimberly L Spoon
11531 NW 42nd Street
Coral Springs, Fl 33065
Vice President/Secretary

ARTICLE VI REGISTERED AGENT

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

Kimberly Spoon
11531 NW 42nd Street
Coral Springs, Fl 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Patricia Panchaud and Kimberly Spoon
10693 Wiles Rd. #216
Coral Springs, Fl 33076

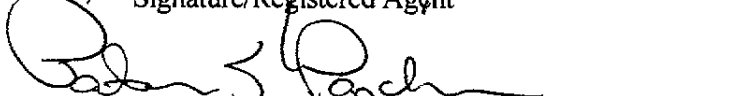
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1-2-04

Date



Signature/Incorporator

1-2-04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA