

P04000057572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

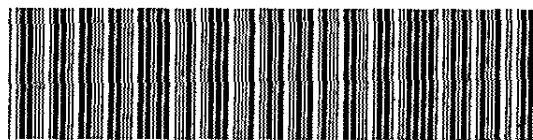
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAR 29 PM 12:17

4-5-04  
100

## TRANSMITTAL LETTER

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

SUBJECT: JEWEL'S MEDICAL CODING & BILLING, 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: JULIE ANNE CHAFFIOT

Name (Printed or typed)

1351 GEMS CIRCLE

Address

ROCKLEDGE, FL 32955

City, State & Zip

321-253-2169

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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 29 PM 12:17

## ARTICLE I NAME

The name of the corporation shall be:

JEWEL'S MEDICAL CODING & BILLING, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1351 Gems Circle, Rockledge, FL 32955

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Coding and billing

## 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):

Julie Anne Chaffiot, President

1351 Gems Circle

Rockledge, FL 32955

## ARTICLE VI REGISTERED AGENT

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

Julie Anne Chaffiot

1351 Gems Circle

Rockledge, FL 32955

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Julie Anne Chaffiot

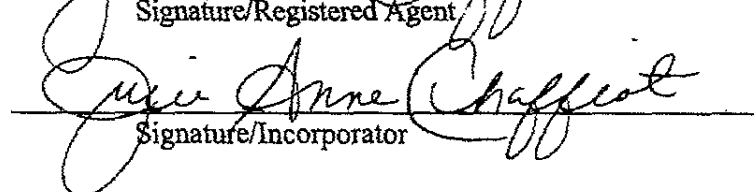
1351 Gems Circle

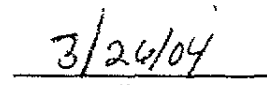
Rockledge, FL 32955

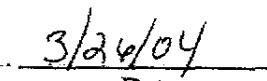
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Signature/Registered Agent

  
Signature/Incorporator

  
Date

  
Date