

P04000124629

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

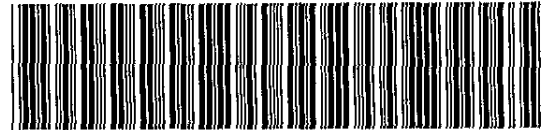
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04 AUG 30 PM 1:52

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RECEIVED  
04 AUG 30 AM 11:02  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

V.P.  
8/30/04

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134

(305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Fortune Medical Consulting & Billing Corp.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION  
FOR  
*FORTUNE MEDICAL CONSULTING & BILLING CORP.***

04 AUG 30 PM 1:52

The undersigned incorporator, for the purpose of forming a corporation  
Under the Florida Business Corporation Act, hereby adopts the following  
Articles of Incorporation.

**ARTICLE I**

The Name of the corporation shall be:

*FORTUNE MEDICAL CONSULTING & BILLING CORP.*

**ARTICLE II**

This corporation shall commence existence upon the date of filing with  
Division of Corporations, state of Florida, and shall have perpetual existence.

**ARTICLE III**

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

Place of Business: 7245 South Prestwick Place  
Miami Lakes, FL 33014

Mailing Address: 7245 South Preswick Place  
Miami Lakes, FL 33014

#### ARTICLE IV

The general nature of business of this corporation is to transact any and all  
Lawful business in Florida

#### ARTICLE V

The aggregate number of shares which this corporation shall have authority to  
Issue is 100 shares having an individual par value of \$500.00 unless  
Otherwise stated in these articles, or in an amendment to these articles, there  
Shall be only (1) class of stock of this corporation:

#### ARTICLE VI

The name(s) and address (es) of the initial Registered Agent of this  
Corporation shall be:

Michel Huarte  
7245 South Prestwick Place  
Miami Lakes, FL 33014

#### ARTICLE VII

The name and address of the officers and initial board of directors shall be:

Name: Michel Huarte-----President  
100% Shares

Address: 7245 South Prestwick Place  
Miami Lakes, FL 33014

**ARTICLE VIII**

The name and address of the incorporator executing THESE Articles of Incorporation is: 04 AUG 30 PM 1:52

Name: Michel Huarte-----President

Address: 7245 South Prestwick Place  
Miami Lakes, FL 33014

The undersigned has executive these Articles of Incorporation  
This 25 day of August, 2004

  
INCORPORATOR

**ARTICLE IX**

The name and address of the shareholders are:

Name: Michel Huarte  
Address: 7245 South Prestwick Place  
Miami Lakes, FL 33014

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PALACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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 ATTITUDES RELATING TO THE PROPER COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS POSITION AS REGISTERED AGENT.

  
REGISTERED AGENT