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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 SEP 27 P 3:36

FILED

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 SEP 22 AM 11:05

RECEIVED

20-35177
WCC

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

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

1. RELIABLE BILLING CORP.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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☐ Certificate of Status

NEW FILINGS	
<input checked="" 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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 22, 2004

LAZARUS

SUBJECT: RELIABLE BILLING CORP.
Ref. Number: W04000035177

We have received your document for RELIABLE BILLING CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6995.

Wanda Cunningham
Document Specialist
New Filings Section

Letter Number: 104A00055891

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04 SEP 27 AM 10:52
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopts(s) The following Articles of Incorporation.

ARTICLE I-NAME

The name of corporation shall be:

RELIABLE BILLING SOLUTIONS CORP.

ARTICLE II – PRINCIPAL OFFICE

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

8221 SW 187th Street

Miami, Fl 33157

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:

Lorena Perez

8221 SW 187th Street

Miami, Fl 33157

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TALLAHASSEE, FLORIDA

ARTICLE V – INCORPORATOR

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

Lorena N. Perez
8221 SW 187th Street
Miami, Fl 33157

The undersigned incorporator has executed these Articles of Incorporation this 21st day of September 2004



Signature

ARTICLE VI – DIRECTOR(S)

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

Lorena Perez (President)
Raydel Perez (President)
Jorge Curdi (Treasurer)

8221 SW 187th Street
Miami, Fl 33157

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 designate 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