

P04000 159275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

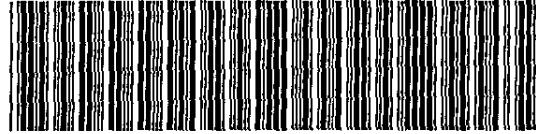
(Business Entity Name)

(Document Number)

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

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SEC. OF STATE  
TALLAHASSEE, FL  
04 NOV 23 PM 2:10

W04-40144

BE 11/23  
Bm 11/2



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 2, 2004

BLAIR H CHAN  
3839 W KENNEDY BLVD  
TAMPA, FL 33609

SUBJECT: ADVANCED SERVICES AND SOLUTIONS, INC.  
Ref. Number: W04000040144

We have received your document for ADVANCED SERVICES AND SOLUTIONS, INC. and your check(s) totaling \$87.50. 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.**

An effective date may be added to the Articles of Incorporation **if a 2005 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

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) 245-6931.

Becky McKnight  
Document Specialist  
New Filings Section

Letter Number: 804A00062839

**TRANSMITTAL LETTER**

RECEIVED

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

DEPARTMENT OF  
TALLAHASSEE

**SUBJECT:** OFFICE SOLUTIONS AND SERVICES, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** BLAIR H. CHAN

\_\_\_\_\_  
Name (Printed or typed)

3839 W. KENNEDY BLVD.

\_\_\_\_\_  
Address

TAMPA, FLORIDA 33609

\_\_\_\_\_  
City, State & Zip

813/870-3839

\_\_\_\_\_  
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  
TALLAHASSEE, FLORIDA  
04 NOV 23 PM 2:10

### **ARTICLE I NAME**

The name of the corporation shall be:

OFFICE SOLUTIONS AND SERVICES, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5335 SOUTHWICK DRIVE, TAMPA, FLORIDA 33624

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MEDICAL BILLING AND CODING, AS WELL AS ANY OTHER LAWFUL PURPOSE

### **ARTICLE IV SHARES**

The number of shares of stock is:

10

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

YENI ORTA, 5335 SOUTHWICK DRIVE, TAMPA, FLORIDA 33624 (PRESIDENT)

MARIA P. ABAD, 5335 SOUTHWICK DRIVE, TAMPA, FLORIDA 33624 (VICE PRESIDENT)

### **ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

YENI ORTA, 5335 SOUTHWICK DRIVE, TAMPA, FLORIDA 33624

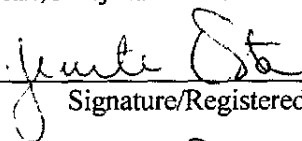
### **ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

YENI ORTA, 5335 SOUTHWICK DRIVE, TAMPA, FLORIDA 33624

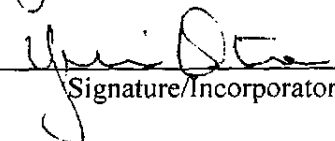
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

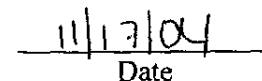


Signature/Registered Agent

  
Date



Signature/Incorporator

  
Date