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9-204/05--01013--004 **r0.00



TRANSMITTAL LETTER

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

SUBJECT: <u>SMYM</u> CORPORATION (PROPOSED CORPORATE NAME - <u>MUST INCLUDE SUFFIX</u>)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:



\$78.75
Filing Fee
& Certificate of Status

□ \$78.75 Filing Fee & Certified Copy & Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

SAJTAD M. MALIK Name (Printed or typed) FROM: ____ 19321 ACUA SPRENG Address DR. LUT2 FL. 33558 City, State & Zip 813- 928-0960 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:

SMYM BRPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1012 Druid Rood E CLEARWATER FL. 33756

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BNEDICAL BILLING SERVICES

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):

President: Sankan Krishna Iyes.

CEO : SAJJAD MALIK

ARTICLE VI REGISTERED AGENT

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

SAJJAD M. MALIIC 19321 AQUA SPRING DR. LUTZ FL. 33558

ARTICLE VII INCORPORATOR

The **<u>name and address</u>** of the Incorporator is:

SAJJAD M. MALIK 19321 AOUA SPRING DR. LUTZ FL 33558

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

- SAJJAD MALIK

Signature/Incorporator

3/1/05



05 MAR -4 PM 2:57