

P05000070323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

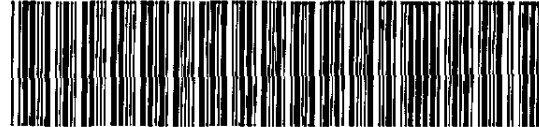
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/13/05
BLK

TRANSMITTAL LETTER

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

SUBJECT: LZ Medical Billing Services Company
(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: Lisa Zumburum
Name (Printed or typed)

10353 SW 115 St
Address

Miami, FL 33176
City, State & Zip

305-233-0012
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:

L2 Medical Billing Services, Co.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10353 SW 115 street
Miami, FL 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To do medical billing for different companies.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lisa Zumbum - President / Treasurer
10353 SW 115 Street
Miami, FL 33176

Joyce Olmedo - Secretary
12263 SW 125 ct.
miami, FL 33186

ARTICLE VI REGISTERED AGENT

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

Lisa Zumbum
10353 SW 115 St.
Miami, FL 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lisa Zumbum
10353 SW 115 St.
Miami, FL 33176

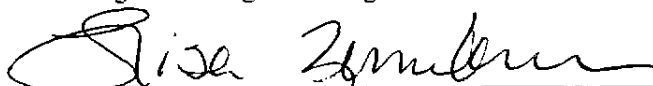
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

5/10/05

Date



Signature/Incorporator

5/10/05

Date