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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
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TRANSMITTAL LETTER

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

SUBJECT: JSG Ph	nysician's Billing Incorporated (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:	ſ	
\$70.00 \$78.75 Filing Fee & Certificate of Status		□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM: ^{Jes}	ssica Robles-Golden			05 ปเม เก	
	Name	(Printed or typed)		2	
	7709 SW 7th Place			n PH	
,		Address		3:24	- 17 du
	North Lauderdale, FL 33068	State & Zip		<u> 5</u>	
	City,	State & Lip			
	754-224-6976				
•	Daytime T	elephone 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

The name of the corporation shall be:

JSG Physician's Billing Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 7709 SW 7th Place North Lauderdale, FL 33068

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

To provide medical billing, coding, and collections to physicians and other health care providers.

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares per officer

INITIAL OFFICERS AND/OR DIRECTORS

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

Jessica Robles-Golden 7709 SW 7th Place, North Lauderdale, FL 33068-President/Chief Executive Officer

ARTICLE VI REGISTERED AGENT

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

Jessica Robles-Golden 7709 SW 7th Place, North Lauderdale, FL 33068

ARTICLE VII *INCORPORATOR*

The name and address of the Incorporator is:

Jessica Robles-Golden 7709 SW 7th Place, North Lauderdale, FL 33068

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