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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/14/05
BNK

TRANSMITTAL LETTER

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

SUBJECT: ALL MED Billing 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 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: Lizette Martinez
Name (Printed or typed)

299 Pine Arbor Dr
Address

Orlando, FL 32825
City, State & Zip

407-432-0697
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

All Med Billing Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

299 Pine Arbor Dr.
Orlando, FL 32825

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Billing Company

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):

Lizette Martinez - President - 299 Pine Arbor Dr., Orl. FL 32825
Jennifer Spencer - Vice President - 299 Pine Arbor Dr., Orl. FL 3282

ARTICLE VI REGISTERED AGENT

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

Lizette Martinez - 299 Pine Arbor Dr., Orlando, FL 32825

ARTICLE VII INCORPORATOR

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

Lizette Martinez - 299 Pine Arbor Dr., Orlando, FL 32825

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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

Lizette Martinez
Signature/Registered Agent

6-09-05
Date

Lizette Martinez
Signature/Incorporator

6-09-05
Date