

POS 000121 994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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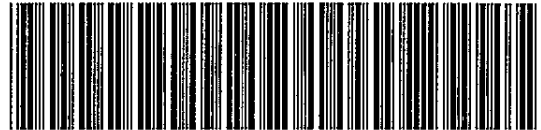
(Business Entity Name)

(Document Number)

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SECRET, 100 STATE
TALLAHASSEE, FLORIDA

9/7/05

TRANSMITTAL LETTER

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

SUBJECT: PATIENT FINANCIAL SOLUTIONS, CORP.
(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: KAREN LYNN HORTA
Name (Printed or typed)

11432 SW 149 PLACE
Address

MIDMI, FLORIDA 33196
City, State & Zip

305 752-1872 / 305-858-5255
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:

PATIENT FINANCIAL SOLUTIONS, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11432 SW 149 PLACE
MIAMI, FL 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

1,500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

KAREN LYNN HORTA
11432 SW 149 PLACE
MIAMI, FL 33196

ARTICLE VI REGISTERED AGENT

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

KAREN LYNN HORTA
11432 SW 149 PLACE
MIAMI, FL 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

11432 SW 149 PLACE
MIAMI, FL 33196

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

8/30/05

Date



Signature/Incorporator

8/30/05

Date

FILED
05 SEP -2 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA