

P05000146749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700060905457

11/12/05--01023--020 **78.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 NOV -2 PM 1:34

MRD
11/2

COVER LETTER

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

SUBJECT: MECA Medical Billing and Coding Specialist, 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: Monica Milhats
Name (Printed or typed)

4680 West 13 Lane Apt # 225
Address

Hialeah, FL 33012
City, State & Zip

786-853-4950
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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV -2 PM 1:34

ARTICLE I NAME

The name of the corporation shall be:

MECA medical Billing and coding specialists, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4680 west 13 Lane # 225
Hialeah, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

medical Billing

ARTICLE IV SHARES

The number of shares of stock is:

1 (one)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Monica Milhats, President
4680 west 13 Lane # 225
Hialeah, FL 33012

ARTICLE VI REGISTERED AGENT

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

Monica Milhats
4680 west 13 Lane # 225
Hialeah, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Monica Milhats
4680 west 13 Lane # 225
Hialeah, FL 33012

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

Monica Milhats

Signature/Registered Agent

10-30-05

Date

Monica Milhats

Signature/Incorporator

10-30-05

Date