

206000011396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

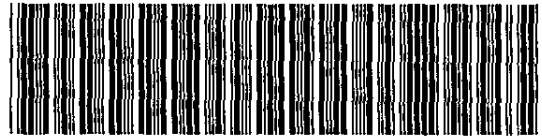
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200063846532

01/25/06--01014--001 *418.75

FILED

06 JAN 25 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

06 JAN 25 AM 10:38

RECEIVED
TALLAHASSEE, FLORIDA

J. Shivers JAN 26 2005

Charter Number Only

VALIDATION ONLY

FILED
06 JAN 25 PM 12:52
SECRETARY OF STATE
TOLSON, SEAN E. FORD

1/24 Nestor
Ana L. Pereira, CPA
Requestor's Name
17418 SW 36 St.
Address
MIRAMAR FL 33009
City State ZIP Phone
(954) 441-2989.

CORPORATION(S) NAME

HEALTH CARE BILLINGS SOLUTIONS, INC.

- ☒ Profit
☐ NonProfit
☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☒ Certified Copy
☐ Call When Ready
☒ Walk In
- ☐ Amendment
☐ Dissolution
☐ Annual Report
☐ Reservation
☐ Photo Copies
☐ Call If Problem
☐ Will Wait
- ☐ Merger
☐ Mark
☐ Other
☐ Change of Registered Agent
☐ Certificate Under Seal
☐ After 4:30
☒ Pick Up
☐ Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W P Verifier

Empire Toll Free: 1-800-432-3028

COVER LETTER

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

SUBJECT: HEALTHCARE BILLINGS SOLUTIONS *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: Marisol Martinez

Name (Printed or typed)

6936 West 25th. Avenue

Address

Hialeah, FL 33016

City, State & Zip

305-558-1197

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

FILED

06 JAN 25 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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:

Healthcare Billings Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6936 West 25th. Avenue
Hialeah, FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares at \$1.00 par value per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Marisol Martinez, President/ Secretary/Treasurer
Nestor J. Martinez, Vice-President

ARTICLE VI REGISTERED AGENT

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

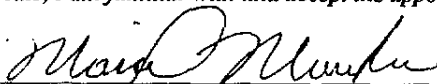
Marisol Martinez
6936 West 25th. Avenue
Hialeah, FL 33016

ARTICLE VII INCORPORATOR

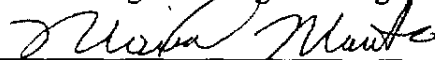
The name and address of the Incorporator is:

Marisol Martinez
6936 West 25th. Avenue
Hialeah, FL 33016

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



Signature/Incorporator

January 20th. 2006

Date

January 20th. 2006

Date