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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

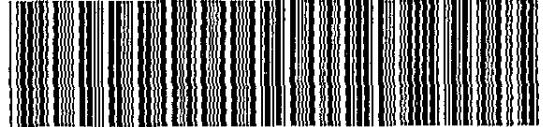
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 FEB 24 AM 8:37

FILED

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7478

COVER LETTER

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

SUBJECT: SAS Financial Management 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: John C. Rodriguez

Name (Printed or typed)

5439 NW 169th street

Address

Miami, FL. 33055

City, State & Zip

(305)775-8806

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2006

JOHN C RODRIGUEZ
5439 NW 169TH ST
MIAMI, FL 33055

SUBJECT: SAS FINANCIAL MANAGEMANT SERVICES INC.
Ref. Number: W06000007478

We have received your document for SAS FINANCIAL MANAGEMANT SERVICES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

You must list at least one share of stock.,

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock
Document Specialist
New Filing Section

Letter Number: 006A00011003

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

SAS Financial management Services INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5439 NW 169th street / P.O.Box 173174
Miami, FL. 33055 Hialeah, FL. 33017

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consumer Collection and Billing medical Insurance

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):

John C. Rodriguez : 5439 NW 169th street Miami, FL. 33055
P.O.Box 173174 Hialeah, FL. 33017 President

Sean Alexander Storani ESQ./P.A. : 2311 NW 102 Way Pembroke Pines, FL. 33026 Vice President

Jermaine Gregory : 19721 W. 40th court Opa Locka, FL. 33055 Director

ARTICLE VI REGISTERED AGENT

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


Jermaine Gregory : 19721 W. 40th court Opa Locka, FL. 33055

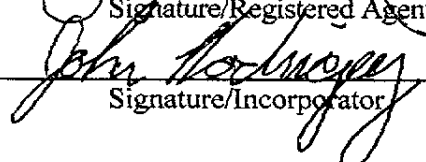
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

John C. Rodriguez : 5439 NW 169th street Miami, FL. 33055
P.O.Box 173174 Hialeah, FL. 33017

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

2-9-06

Date
2-9-06

Date