# Florida Department of State

Page 1 of 1

Division of Corporations Public Access System

#### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000234006 3)))



H060002340063ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

#### FLORIDA PROFIT/NON PROFIT CORPORATION

MED-BILLING CONSULTING SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

### ARTICLES OF INCORPORATION Of

#### MED-BILLING CONSULTING SOLUTIONS, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

MED-BILLING CONSULTING SOLUTIONS, INC.

#### ARTICLE II PRINCIPAL PLACE OF BUSINESS

The principal place of business and mailing address of this corporation shall be:

19631 NW 58 TH AVENUE MIAMI, FL 33015

#### ARTICLE III NATURE OF BUSINESS

The general nature of the business to be transacted by the corporation and its object and powers shall be engage in any activity or business permitted under the laws of the United States and the State of Florida.

#### ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10000 THOUSAND SHARES OF COMMON STOCK OF THE PAR VALUE OF ONE DOLLARS PER SHARE.

The consideration to be paid for each share shall be fixed by the Board of Directors.

#### ARTICLE V TERM OF EXISTENCE

This Corporation shall have perpetual existence from the date of the incorporates execution and adoption of these Articles of Incorporation.

## ARTICLE VI\_INITIAL REGISTERED AGENT AND OFFICE STREET ADDRESS

The name and address of the initial registered agent is:

ZULEHIVY SOLEDAD 19631 NW 58<sup>TR</sup> AVE MIAMI, FL 33015

#### ARTICLE VII DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles Of Corporation is (are):

PRESIDENT/SECRETARY ZULEHIVY SOLEDAD 1963I NW 58<sup>TH</sup> AVE MIAMI, FL 33015

#### ARTICLE VIII INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(arc):

PRESIDENT /SECRETARY ZULEHIVY SOLEDAD 19631 NW 58<sup>TH</sup> AVE MIAMI, FL 33015

Corporator(s) has(have) executed 2006	i these Article	es of Incorporat	ion this Septe	mber 21,
Authin Wood				
•	•			
Signature				
Signature				

#### ARTICLE IX AMENDMENTS

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by the Stockholders, and approved at the Stockholder's meeting by a majority of the stock entitle to vote thereon, unless all the Directors and all the Stockholder's sign a written statement manifesting their intention that a certain amendment of these Article of Incorporation be made.

# CERTIFICATE DESIGNATING REGISTERED AGENT AND REGISTERED PLACE OF BUSINESS OR DOMICILE FOR THE PROCESS WITHIN THE STATE OF FLORIDA, AND ACCEPTANCE OF AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the Undersigned Corporation, organized under laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

MED-BILLING CONSULTING SOLUTIONS, INC.

2. The name and address of the registered agent and office is:

ZULEHIVY SOLEDAD 19631 NW 58<sup>TH</sup> AVE MIAMI, FL 33015 DIVISION OF CORN OF ANII: 36

#### ACEPTANCE OF REGISTERED AGENT

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT PURSUANT TO F.S. 607.050(3).

SIGNATURE:

DATE: September 21, 2006