

# Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003235  
Phone : (305)634-3694  
Fax Number : (305)633-9696

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**PROFESSIONAL BILLING SYSTEMS CORP**

Certificate of Status	1
Certified Copy	0
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## Help

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2018.02

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**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:

PROFESSIONAL BILLING SYSTEMS CORP

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1550 WEST 84TH STREET SUITE 71 HIALEAH FL 33014

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ALL AND ANY LAWFULL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

1550 WEST 84TH STREET SUITE 71 HIALEAH FL 33014 PRESIDENT

**ARTICLE VI REGISTERED AGENT**

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

ESTEBAN CARABEO 1550 WEST 84TH STREET SUITE 71 HIALEAH FL 33014

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ESTEBAN CARABEO 1550 WEST 84TH STREET SUITE 71 HIALEAH FL 33014

\*\*\*\*\*  
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

11-28-2006

Date

Signature/Incorporator

11-28-2006

Date

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