P070000 83/15

(Requestor's Name)				
(Address)				
(Address)	 ,			
(City/State/Zip/Phone #)				
PICK-UP WAIT MAI	L			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	<u></u>			
Special Instructions to Filing Officer: 7/10/07 Batch Work				
W07-32672	-			

Office Use Only



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007 JUL 24 AM 12:-52 SECRETARY OF STATE ALL AHASSEE, FLORID

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COVER LETTER

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

Tallahassee, FL 323	314		
SUBJECT: J & C	C Medical Billing Corpor	ation TE NAME - <u>MUST INCL</u>	(IDE SHEERY)
	, nor out out	· ·	ODESCIPIA)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: C	armen Sanchez		
	Name	e (Printed or typed)	
	14240 Kendale Lakes Blv		
		Address	
	Miami, FL 33183		
	City	, State & Zip	
•	305-383-0577	P.1.	
	Daytime '	Telephone number	

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



07 JUL 24 AM 7: 54

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE FLORIDANS TALLAHASSEE, EL ORIDA

July 10, 2007

CARMEN SANCHEZ 14240 KENDALE LAKES BLVD. MIAMI, FL 33183

SUBJECT: J & © MEDICAL BILLING CORPORATION

Ref. Number: W07000032672

We have received your document for J & C MEDICAL BILLING CORPORATION and your check(s) totaling \$43.75. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$35.00.

The corporate fees are as follows:

CORPORATIONS FILING FEES

Profit and NonProfit Florida & Foreign Corp.

Filing Fees \$35.00

Registered Agent

\$35.00 Designation Certifed Copy \$8.75 Certificate of Status \$8.75

If you have any questions concerning the filing of your document, please call

(850) 245-6934.

Loria Poole

Document Specialist

Letter Number: 807A00043936

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:

J & C Medical Billing Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

14240 Kendale Lakes Blvd Miami, FL 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose is to provide medical billing.

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):

Carmen Sanchez, President Jose A Arias, Vice-President 14240 Kendale Lakes Blvd Miami, FL 33183

ARTICLE VI REGISTERED AGENT

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

Carmen Sanchez 14240 Kendale Lakes Blvd Miami, FL 33183

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carmen Sanchez 14240 Kendale Lakes Blvd Miami, FL 33183

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

Date

Signature/Incorporator

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