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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

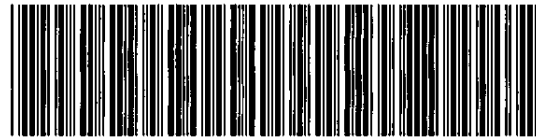
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**FILED**

**07 OCT -1 PM 4: 34**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT: Sunrise Medicaid Recovery 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                            & Certificate of  
                            Status  
**ADDITIONAL COPY REQUIRED**

FROM: Gregory Rosas  
Name (Printed or typed)

8227 Golf Club Court  
Address

Bayonet Point, FL 34667  
City, State & Zip

727-505-4836  
Daytime Telephone number

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

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S., 1978.

## **ARTICLE I NAME**

The name of the corporation shall be:

Sunrise Medicaid Recovery Services Inc.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

8227 Golf Club Court  
Bayonet Point, FL 34667

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PUBLIC SERVICE

## **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):

Gregory Rosas, 8227 Golf Club Court, Bayonet Point, FL 34667, President  
Gregory Rosas, 8227 Golf Club Court, Bayonet Point, FL 34667, Vice President  
Gregory Rosas, 8227 Golf Club Court, Bayonet Point, FL 34667, Treasurer  
Gregory Rosas, 8227 Golf Club Court, Bayonet Point, FL 34667, Secretary

## **ARTICLE VI REGISTERED AGENT**

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

Gregory Rosas, 8227 Golf Club Court, Bayonet Point, FL 34667

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Gregory Rosas, 8227 Golf Club Court, Bayonet Point, FL 34667

\*\*\*\*\*

*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

FILED

07 OCT -1 PM 4: 34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/27/07

Date

9/27/07

Date