# P07000133666

(Re	equestor's Name	r)
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	, WAIT	MAIL
(Bu	usiness Entity Na	ame)
(Do	ocument Number	r)
Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	A
		2/20
		12/2

Office Use Only



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SECRETARY OF STATE
TAILLAHASSEE, FLORIDA

# **COVER LETTER**

TO: Registration Division of	Section Corporations		
SUBJECT: P.O.	. Billing Co.		
•		ng Florida Profit Corporation	on)
			, and fees are submitted to ation" in accordance with s.
Please return all con	respondence concerning	ng this matter to:	
Rena Amro			imrorena Cyahou.con
	(Contact Person)	<u> </u>	
P.O.I. Billing C	o.		
***************************************	(Firm/Company)		
1501 Forest H	ili Blvd Ste 101		
	(Address)		
West Palm Be	ach, Florida 3340	06	
	(City, State and Zip Code)		
For further information	cion concerning this ma	atter, please call:	
Rena Amro	• • •	at ( 561 ) 434	4 6796
(Name of C	ontact Person)		ytime Telephone Number)
Enclosed is a check	for the following amount	unt:	
\$105.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	\$113.75 Filing Fees and Certified Copy	\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: MAILING ADDRESS:		ADDRESS:	
Registration Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301  Registration Section  Division of Corporations  P. O. Box 6327  Tallahassee, FL 32314		Corporations 27	

# Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
P.O.I. Billing LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company
(Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida  (Enter state, or if a non-U.S. entity, the name of the country)
on December 2005
(Enter date "Other Business Entity" was first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of</u> Incorporation:
P.O.I. Billing Co.
(Enter Name of Florida Profit Corporation)

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5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)	
Signed this 14 day of December , 20 07	
Signature:  (Must be signed by a Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator.)	
Printed Name: Rena AmroTitle: Chairman	

# Fees:

Certificate of Conversion: \$35.00 Fees for Florida Articles of Incorporation: \$70.00

\$8.75 (Optional) \$8.75 (Optional) Certified Copy:

Certificate of Status:

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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:

# P.O.I. Billing Co.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1501 Forest Hill Blvd. Ste 101 West Palm Beach, FL 33406

#### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: billing services

#### ARTICLE IV SHARES

The number of shares of stock is:

10

### INITIAL OFFICERS AND/OR DIRECTORS

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

# REGISTERED AGENT

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

Rena Amro 1501 Forest Hill Blvd. Ste 101 West Palm Beach, Florida 33406

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rena Amro 1501 Forest Hill Blvd. Ste 101 West Palm Beach, Florida 33406

Signature/Incorporator

Date

SECRETARY OF STATE

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