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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
1/17

## COVER LETTER

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

**SUBJECT:** EYES Medical Billing & Consulting 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:** Evelyn Rivera

Name (Printed or typed)

2053 Wyndham Hollow Court

Address

Jacksonville, Florida 32246

City, State & Zip

904-502-8128

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. (Profit)

### **ARTICLE I NAME**

The name of the corporation shall be:

EYES Medical Billing & Consulting Inc

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2053 Wyndham Hollow Court Jacksonville Florida 32246

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all Lawful 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):

Evelyn Rivera (President)  
2053 Wyndham Hollow Court  
Jacksonville Florida  
32246

### **ARTICLE VI REGISTERED AGENT**

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

Evelyn Rivera (President)  
2053 Wyndham Hollow Court  
Jacksonville Florida  
32246

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Ryanne Wilkins  
44 west 2nd Street Jacksonville Fl 32206

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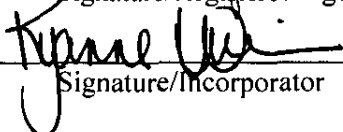
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

01/09/2008

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

01/09/2008

\_\_\_\_\_  
Date