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## **COVER LETTER**

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

SUBJECT: SMG BILLING & COLLECTIONS, 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 **☑** \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Saram-Gonzalezebellsouth.net. FROM: SARA M GONZALEZ Name (Printed or typed) 10015 SW 85TH STREET Address MIAMI, FL 33173 City, State & Zip 305-595-6653 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:

SMG BILLING & COLLECTIONS, INC

## ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 10015 SW 85 STREET, MIAMI, FL 33173

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MEDICAL BILLING & COLLECTIONS

#### ARTICLE IV SHARES

The number of shares of stock is: 100 STOCKS PER \$1.00 PER VALUE

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): SARA M. GONZALEZ 10015 SW 85 STREET MIAMI, FL 33173

#### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: SARA M. GONZALEZ 10015 SW 85 STREET MIAMI, FL 33173

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: SARA M. GONZALEZ 10015 SW 85 STREET MIAMI, FL 33173

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

M

Date

# 23 | 68

Date

# 23 | 08

Date