

PO800044145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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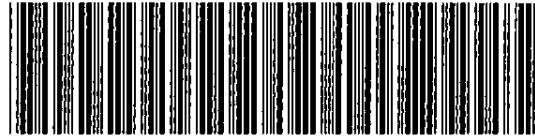
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08 MAY -1 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/2/08

**COVER LETTER**

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

SUBJECT: Precise Medical Solutions, 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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Jadira Cimadevilla  
Name (Printed or typed)

525 NW 129<sup>th</sup> Way  
Address

Pembroke Pines, FL 33028  
City, State & Zip

786-975-6602  
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:

Precise Medical Solutions, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

Principal Address: 525 NW 129 Way, Pembroke Pines, FL 33028

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Billing and Consultations.

## ARTICLE IV SHARES

The number of shares of stock is:

one share

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jadira Cimadevilla - Owner/CEO  
525 NW 129 Way  
Pembroke Pines, FL 33028

## ARTICLE VI REGISTERED AGENT

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

Jadira Cimadevilla  
525 NW 129 Way  
Pembroke Pines, FL 33028

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jadira Cimadevilla  
525 NW 129 Way  
Pembroke Pines, FL 33028

\*\*\*\*\*

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

4/28/08

Date

4/28/08

Date

FILED  
08 MAY - 1 AM 8:12  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE