

PO8000071522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

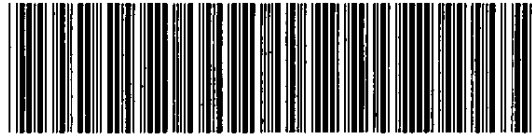
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pa

COVER LETTER

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

SUBJECT: GABLES MEDICAL BILLING 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: MARIA F. ANTUNEZ

Name (Printed or typed)

5545 SW 8 ST # 201

Address

MIAMI, FLORIDA 33134

City, State & Zip

305 280-8171

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2008

MARIA F ANTUNEZ
5545 SW 8 ST # 201
MIAMI, FL 33134

SUBJECT: GABLES MEDICAL BILLING INC
Ref. Number: W08000034011

We have received your document for GABLES MEDICAL BILLING INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Paisley A Alford
Clerk
New Filing Section

Letter Number: 608A00042061

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:

GABLES MEDICAL BILLING INC.

ARTICLE II PRINCIPAL OFFICE

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

5545 SW 8 ST # 201
MIAMI, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL 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):

MARIA F. ANTUNEZ
917 TANGIER ST
CORAL GABLES, FL 33134

ARTICLE VI REGISTERED AGENT

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

MARIA F. ANTUNEZ
917 TANGIER ST
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

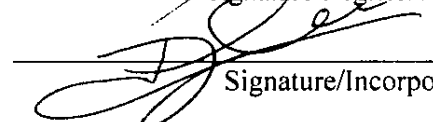
The name and address of the Incorporator is:

MARIA F. ANTUNEZ
917 TANGIER ST
CORAL GABLES, FL 33134

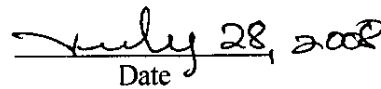
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



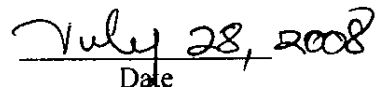
Signature/Registered Agent



Signature/Incorporator



Date



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA