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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I200000000019  
Phone : (305) 552-5973  
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## FLORIDA PROFIT/NON PROFIT CORPORATION

## AROF BILLING SERVICES CORP.

Certificate of Status	0
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DIVISION OF CORPORATION

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**ARTICLES OF INCORPORATION**

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF  
FORMING A  
CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION  
ACT, HEREBY  
ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

**ARTICLE I - NAME**

THE NAME OF THE CORPORATION SHALL BE:

AROF Billing Services Corp.

**ARTICLE II - PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS  
CORPORATION SHALL BE:

3706 NE 15 ST  
Homestead FL 33033

**ARTICLE III - SHARES**

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION  
IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

**ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

Oswaldo Gil  
3706 NE 15 ST  
Homestead FL 33033

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**H08000264737****ARTICLE V - INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation is:

Osvaldo Gil  
3706 NE 15 ST  
Homestead FL 33033

The undersigned incorporator has executed these Articles of Incorporation  
this 01 day of 12, 2008.

  
\_\_\_\_\_  
Signature

**ARTICLE VI- DIRECTOR(S)**

The name(s) and street address(es) of the director(s) to these Articles of  
Incorporation is (are):

Osvaldo Gil  
3706 NE 15 st  
Homestead FL 33033 .  
President

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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT &  
REGISTERED OFFICE**

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

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

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