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Division of Corporations Page 1 of 1  
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From: Account Name : ULTIMATE MEDICAL BILLING, INC.  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Jael Millares, Inc.**

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February 4, 2009

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ULTIMATE MEDICAL BILLING, INC.

SUBJECT: JAEI MILLARES, INC.  
REF: W09000005417

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The corporation cannot serve as its own officer.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H09000014671  
Letter Number: 409A00003992

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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 Article of Incorporation.

### ARTICLE 1- NAME

Jael Millares, Inc.

### ARTICLE II-PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

5055 NW 7 Street, Apt 905  
Miami, FL 33126

### ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

### ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Cindy Kimbrough  
5055 NW 7 Street, Apt 905  
Miami, FL 33126

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**ARTICLE V - INCORPORATOR**

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

Jael Millares  
5055 NW 7 Street, Apt 905  
Miami, FL 33126

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The undersigned incorporator has executed these Articles of Incorporation this 21<sup>ST</sup>  
day of January, 2009.

Jael Millares  
Signature

**ARTICLE VI - DIRECTOR(S)**

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

Jael Millares  
5055 NW 7 Street, Apt 905  
Miami, FL 33126

**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 COMPLETED PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Cindy Kimbrough  
REGISTERED AGENT SIGNATURE

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