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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

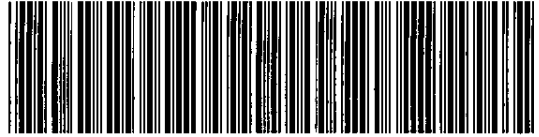
(Business Entity Name)

(Document Number)

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2009 FEB 23 P 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 24 2009
D. A. WHITE

COVER LETTER

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

SUBJECT: AIC Health Claims Billing & Consulting, 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:

Adonis Caballero

Name (Printed or typed)

2003 SW 16 AVE

Address

Miami, FL 33145

City, State & Zip

305-764-0544

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:

AIC Health Claims Billing & Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

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

*2003 SW 16 Ave
Miami, FL 33145*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Conduct 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):

*Adonis Caballero (President)
2003 SW 16 Ave
Miami, FL 33145*

*Irina Eraray (Vice-President)
2691 SW 134 CT
Miami, FL 33175*

ARTICLE VI REGISTERED AGENT

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

*Adonis Caballero
2003 SW 16 Ave
Miami, FL 33145*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Adonis Caballero
2003 SW 16 Ave
Miami, FL 33145*

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]

Signature/Registered Agent

[Signature]

Signature/Incorporator

02/12/09

Date

02/12/09

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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