

PO 9000021062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

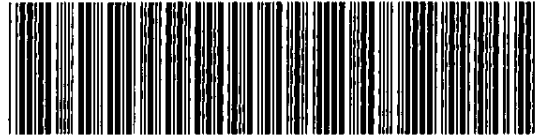
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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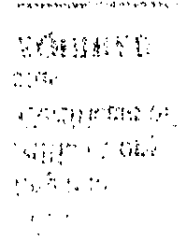
03/05/09--01018--011 **70.00

FILED
09 MAR -5 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
3/6

COVER LETTER

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



SUBJECT: PRO. M.B. 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: PRO. M.B. SOLUTIONS INC.

Name (Printed or typed)

P.O... BOX 500188

Address

MARATHON, FL 33050

City, State & Zip

561-906-4217

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:

PRO. M.B. SOLUTIONS INC.

ARTICLE II PRINCIPAL OFFICE

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

600 BARNETT DRIVE, #7, LAKE WORTH, FLL 33461
P.O... BOX 500188, MARATHON, FL 33050

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE MEDICAL BILLING AND COLLECTIONS TO THE MEDICAL FIELD

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):

SARAH HOLLOWAY - PRESIDENT
P.O... BOX 413
LONG KEY, FL 33001

MICHAEL E. HUGHES - TREASURER
P.O... BOX 413
LONG KEY, FL 33001

ARTICLE VI REGISTERED AGENT

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

SARAH HOLLOWAY
301 N. ANGLERS DR., #4
MARATHON, FL 33050

ARTICLE VII INCORPORATOR

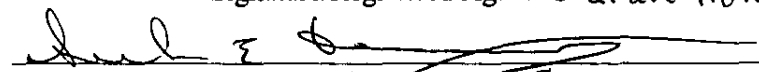
The name and address of the Incorporator is:

SARAH HOLLOWAY
P.O... BOX 413
LONG KEY, FL 33001

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 Sarah Holloway

Date


Signature/Incorporator Sarah Holloway

Date

FILED

09 MAR -5 PM 12: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA