

P09000039215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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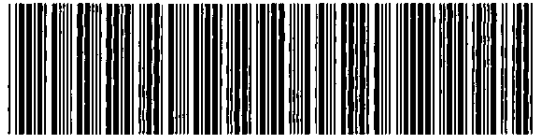
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DA

COVER LETTER

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

SUBJECT: JM Billing Services, Incorporated
(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:

Jennifer Milthaler

Name (Printed or typed)

811 NW 37th Street

Address

Oakland Park, FL 33309

City, State & Zip

954.775.7617

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:

JMBilling Services Incorporated

ARTICLE II PRINCIPAL OFFICE

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

811 NW 37th Street
Oakland Park, FL 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any & all lawful 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):

Jennifer Mithaler, President

ARTICLE VI REGISTERED AGENT

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

Jennifer Mithaler, 811 NW 37th Street, Oakland Park
FL 33309

ARTICLE VII INCORPORATOR

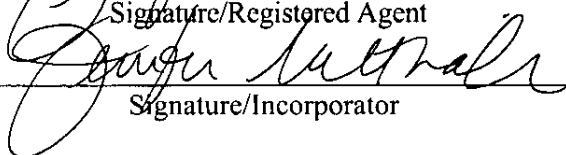
The name and address of the Incorporator is:

Jennifer Mithaler, 811 NW 37th Street, Oakland Park, FL 33309

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
FLORIDA