# P09000053.12

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

JUN 19 2009 D.A. WHITE

# COVER LETTER,

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

SUBJECT:	Acoucage A	B, 2 Cing Services 2	Inc	
	(PROPOSED CORPORAT	FE NAME – <u>MUST INCLI</u>	UDE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the artic	eles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	Certified Copy & Certificate of Status	
FROM:	Rune	(Printed or typed)		
	2500 N FEDERAL MShway STE 100 Address  Lt Lovo R 33305  City, State & Zip  (954) 202 9009  Daytime Telephone number			
	A(CUCODE B. E-mail address: (to be used	Illing @ Gmail. for future annual report r	(OM) otification)	

NOTE: Please provide the original and one copy of the articles.

### Articles of Incorporation

FILED

### **Article I Name of Corporation**

Accucode Billing Services, Incorporated

2009 JUN 18 P 4: 12

## **Article II** Principal Office

2500 N. Federal Highway, Suite 100 Fort Lauderdale, FL 33305

SECRETARY OF STATE TALLAHASSEE, FLORIDA

### **Article III Purpose**

The purpose of this corporation is medical billing.

### Article IV Shares

The number of shares of stock is: 7500 shares of one dollar par value common stock, which shall be designated "Common Shares"

Article V: Initial Officers and/or Directors

Alma Dominguez, 10 SE 9<sup>th</sup> Ave, Apt 1 Fort Lauderdale FL 33301; President Paul S. Goodkin, 2500 N Federal Highway, Suite 100 Fort Lauderdale, FL 33305; Chief Operating Officer

### Article VI Registered Agent

The Registered Agent is Paul S Goodkin, 2500 N Federal Highway, Suite 100 Fort Lauderdale, FL 3305

### Article VII Incorporator

The name and address of the incorporator to these Articles of Incorporation are: Paul S Goodkin, 2500 N Federal Highway, Suite 100 Fort Lauderdale FL 33305

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 appointment as registered agent and agree to act in this capacity

Signature#egistered agent DAVES GOODKIN

Incorporator

T JM QG date

Por Strongin