

PD9000059641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

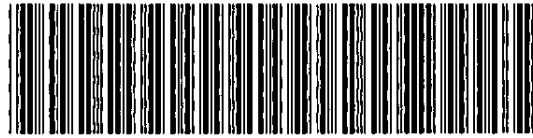
(Business Entity Name)

(Document Number)

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
09 JUL 14 AM 11:38  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
NOT RECORDED  
TO ACKNOWLEDGE  
EFFICIENCY OF FILING

*[Handwritten signature]*  
7/14/09

## COVER LETTER

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

**SUBJECT:** JFE Medical Billing Consulting Inc.(Jesus Fran Edwin Medical Billing, 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:** Fran Graham-Clemons  
Name (Printed or typed)

P.O. BOX 3222  
Address

Tallahassee, Florida 32315  
City, State & Zip

850-241-6531  
Daytime Telephone number

fran@wilsonfamilymedicine.com  
E-mail address: (to be used for future annual report notification)

**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)

**FILED**

09 JUL 14 AM 11:38

**ARTICLE I NAME**

The name of the corporation shall be JFE Medical Billing Consulting Inc.  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:  
2508 Jefferson Road Tallahassee, Florida 32317

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Consulting- Teaching- Biller - Coded for medical office  
posting of charges for medical office-training of staff in the billing dept. / setting up for the  
Billing process

**ARTICLE IV SHARES**

The number of shares of stock is:  
1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
Franny Graham-Clemons / President

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Franny Graham-Clemons, Owner-President  
2508 Jefferson Road  
Tallahassee, Florida 32317

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Franny Graham-Clemons  
2508 Jefferson Road  
Tallahassee, Fla. 32317

\*\*\*\*\*

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

Franny Graham-Clemons  
Signature/Registered Agent

06/24/09- 7/14/09  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date