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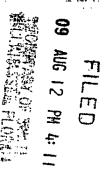
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Office Use Only



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# **COVER LETTER**

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

SUBJECT:	Sabates Group, Inc.  (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	l 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:	Joselyn Sabates Name (Printed or typed)		
<u> -,</u>	7303 SW 144th Avenue		
		Address	
Miami, FL 33183			
	City.	, State & Zip	
	(305) 439-4458		
	Daytime Telephone number		
	josysab@aol.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)

#### ARTICLE I NAME

The name of the corporation shall be:

Sabates Group, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 7303 SW 144th Avenue Mlami, FL 33183

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical Billing Services

#### 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):

Joselyn Sabates, President 7303 SW 144th Avenue Miami, FL 33183

#### ARTICLE VI REGISTERED AGENT

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

Joselyn Sabates, President 7303 SW 144th Avenue Miami, FL 33183

## ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Joselyn Sabates, President 7303 SW 144th Avenue Miami, FL 33183

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

Date

Signature/Incorporator

Date