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(Business Entity Name)

(Document Number)

Certified Copies _____

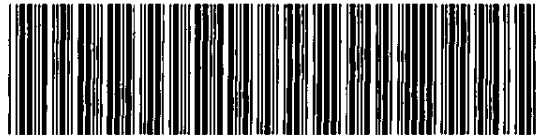
Certificates of Status _____

Special Instructions to Filing Officer:

OK to file
per
RoseAnn

5/26/10

Office Use Only



200180617782

200180617782
05/10/10--01021--021 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 MAY 21 PM 4:52

W10000023260

5/26/10

COVER LETTER

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

SUBJECT: MEDICAL CLAIMS & BILLING MANAGEMENT SERVICES, 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: JENNIFER E CROSS, NCICS

Name (Printed or typed)

PO BOX 668942

Address

POMPANO BEACH, FL 33066

City, State & Zip

(954) 240-2718

Daytime Telephone number

MCBMSI@ATT.NET

E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 MAY 21 PM 4:52



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2010

JENNIFER E CROSS
POST OFFICE BOX 668942
POMPANO BEACH, FL 33066

SUBJECT: MEDICAL CLAIMS & BILLING MANAGEMENT SERVICES, INC.
Ref. Number: W10000023266

RECEIVED

10 MAY 21 PM 12:38

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for MEDICAL CLAIMS & BILLING MANAGEMENT SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The affidavit has to be signed by one of the officers or directors in the corporation.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 010A00012051

2010 MAY 21 PM 4:52
SECRETARY OF STATE
DIVISION OF CORPORATIONS



Medical Claims & Billing Management Services, Inc.

May 17, 2010

Florida Department of State
New Filing Section
Division of Corporations
P O Box 6327

Tallahassee, FL 32314

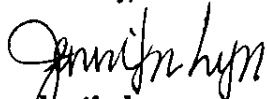
RE: Document Number W10000023266

Dear Sir or Madam:

Please be advised that the corporation J. Cross & Lyn Enterprises, Inc. is the same as Medical Claims & Billing Management Services, Inc. The trademark is on file under document number T09000000233.

A new Articles of Incorporation is enclosed for Medical Claims & Billing Management Services, Inc.

Sincerely,



Jennifer Lyn

Vice President

J. Cross & Lyn Enterprises, Inc.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 MAY 21 PM 4:52

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:

Medical Claims & Billing Management Services, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2010 MAY 21 PM 4:52

ARTICLE II PRINCIPAL OFFICE

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

2775 NW 34th Avenue #104

Fort Lauderdale, FL 33311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To process electronic and paper medical insurance claims

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 E. PO Box 668942 CEO
Cross, NCICS Pompano
Beach, FL 33066

ARTICLE VI REGISTERED AGENT

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

Jennifer E. Cross, NCICS
2775 NW 34th Avenue #104
Fort Lauderdale, FL 33311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jennifer E. Cross, NCICS
2775 NW 34th Avenue #104
Fort Lauderdale, FL 33311

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

Jennifer E. Cross

Signature/Registered Agent

Jennifer E. Cross

Signature/Incorporator

5/18/2010

Date

5/18/2010

Date