

P 100000 85390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

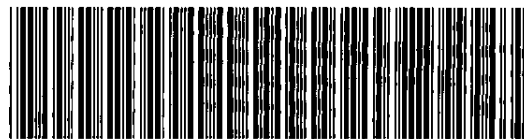
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2010 OCT 15 AM 8:52
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10/20/10

COVER LETTER

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

SUBJECT: Automated Billing Systems, 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: Scott D. Foeller, Esq.

Name (Printed or typed)

889 N. Washington Blvd

Address

Sarasota, Florida 34236

City, State & Zip

941-955-7300 ext 203

Daytime Telephone number

SDF@HODGESAVRUTIS.COM

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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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE

ARTICLE I NAME

The name of the corporation shall be: Automated Billing Systems, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address
889 N. Washington Blvd
Sarasota, FL 34236

Mailing address, if different is:

<same>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide automated billing services for metered and un-metered utilities.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scott D. Foeller, Esq - Director

Name and Title: _____

Address: 889 N. Washington Blvd

Address: _____

Sarasota, FL 34236

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Hodges, Avrutis & Foeller, P.A.

Address: 889 N Washington Blvd

Sarasota, FL 34236

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Scott D. Foeller, Esq

Address: 889 N Washington Blvd

Sarasota, FL 34236

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



Required Signature/Registered Agent

10-11-10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

10-11-10

Date