

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000231720 3)))



H100002317203ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ARES & COMPANY, C.P.A., P.A.

Account Number : 120000000268 Phone : (305)229-8256

Fax Number : (305)229-8252

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Smail	Address		

FLORIDA PROFIT/NON PROFIT CORPORATION ABSOLUTE BILLING & CODING, INC.

0
1
04
\$78.75

2010 OCT 28 P 2: 1.
SECRETARY OF STATE

10/22/2010

https://efile.sunbiz.org/scripts/efilcovr.exe

RECEIVED OCT 2 8 2010

ARTICLES OF INCORPORATION

ABSOLUTE BILLING & CODING, INC.

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

ABSOLUTE BILLING & CODING, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual

existence.

ARTICLE III

The general nature of the business and objects and purpose proposed to be transacted and objects.

carried on by this corporation are to do any and all of the things, as fully and to the same extent as natural persons might do, viz:

PREPARED BY: ARES & COMPANY C.P.A., P.A. 3636 SW 87TH AVE.

MIAMI, FL. 33165

PH: (305) 229-8256 FAX: (305) 229-8252

(((H10000231720 3)))

Transact any and all lawful business.
(1) Said corporation shall further have powers:
To have perpetual succession by its corporate name,

ABSOLUTE BILLING & CODING, INC.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of US\$10.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The name and street address of the initial Registered Agent of this corporation shall

be:

FELIX MESA 671 NW 34TH STREET MIAMI, FL. 33125

The principal office and mailing address shall be:

67) NW 34TH STREET MIAMI, FL. 33125

(((H10000231720 3)))

ARTICLE VI

The initial Board of Directors and Shareholders shall be composed by ONE (1) person, whose name and address is:

FELIX MESA -671 NW 34TH STREET MIAMI, FL. 33125

PRESIDENT

100% SHAREHOLDER

The name and address of the incorporator executing these Articles of Incorporation is:

FELIX MESA 671 NW 34TH STREET MIAMI, FL. 33125

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation in the City of Miami, Fl. this 22^{ND} day of October, 2010.

Jelix M. Mesa FELIX MESA INCORPORATOR/PRESIDENT

FILED

2010 OCT 28 P 2: 1

SECRETARY OF STATE

(((H100002317203)))

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the Corporation is:

ABSOLUTE BILLING & CODING, INC.

2. The name and address of the Registered Agent and office is:

FELIX MESA 671 NW 34TH STREET MIAMI, PL. 33125

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE:

Silip ett ett isa

DATE: 10/88/10

(((H100002317203)))