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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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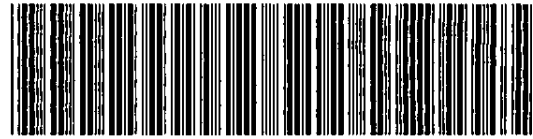
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/13/10--01044--008 **78.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 DEC 13 PM 2:15

JP 12/14/10

COVER LETTER

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

SUBJECT: Sunshine Billing Solutions 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: **Jeff Rapaport**

Name (Printed or typed)

9222 W. Atlantic Blvd # 1323

Address

Coral Springs, Florida 33071

City, State & Zip

954-235-8103

Daytime Telephone number

jeffreyrap@gmail.com

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

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

2010 DEC 13 PM 2:16

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: Sunshine Billing Solutions Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal street address
9222 W. Atlantic Blvd #1323
Coral Springs, FL 33071

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Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Medical and Doctor billing, re-inbursement, claim services.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeff Rapaport President
Address: 9222 W. Atlantic Blvd #1323
Coral Springs, FL 33071

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Jeff Rapaport
Address: 9222 W. Atlantic Blvd #1323
Coral Springs, FL 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeff Rapaport
Address: 9222 W. Atlantic Blvd #1323
Coral Springs, FL 33071

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

Jeff Rapaport
Required Signature/Registered Agent

Dec 8, 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.

Jeff Rapaport
Required Signature/Incorporator

Dec 8, 10
Date