

P/110000 22852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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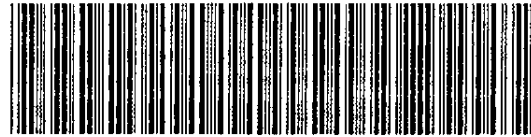
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
11 MAR -7 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 03/09/11

## COVER LETTER

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

SUBJECT: **BILLINN 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: **ALEXANDER PRIGODA**

Name (Printed or typed)

**138 NE PALM COAST PKWY, STE 380**

Address

**PALM COAST, FL 32137**

City, State & Zip

**386-675-4870**

Daytime Telephone number

**probillconsultingpbc@gmail.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** BILLINN SOLUTIONS INC.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
138 NE PALM COAST PKWY  
SUITE 380  
PALM COAST, FL 32137

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE MEDICAL BILLING AND CONSULTING SERVICES

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11 MAR -7 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	ALEXANDER PRIGODA, PRESIDENT	Name and Title:	
Address:	138 NE PALM COAST PKWY	Address:	
	SUITE 380		
	PALM COAST, FL 32137		

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: ALEXANDER PRIGODA  
Address: 138 NE PALM COAST PKWY, STE 380  
PALM COAST, FL 32137

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ALEXANDER PRIGODA  
Address: 138 NE PALM COAST PKWY, STE 380  
PALM COAST, FL 32137

*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*

Alexander Prigoda  
Required Signature/Registered Agent

MARCH 5, 2011

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.*

Alexander Prigoda  
Required Signature/Incorporator

MARCH 5, 2011

Date