

P11000022932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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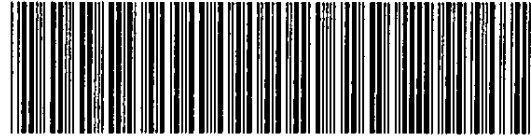
(Business Entity Name)

(Document Number)

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

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2011 MAR -4 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L. Burch MAR 9 2011

## COVER LETTER

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

SUBJECT: DW MEDICAL BILLING 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: Donna Weiss  
Name (Printed or typed)  
4619 SE 5th PL #6  
Address  
CAPE CORAL FL 33904  
City, State & Zip  
941-321-7927  
Daytime Telephone number  
dweiss8@comcast.net  
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**

The name of the corporation shall be: DW Medical Billing Services Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4619 SE 5th Place #6  
Cape Coral FL 33904

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Medical Billing

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**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Donna Weiss / owner  
Address: 4619 SE 5th PL #6  
Cape Coral FL 33904

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: Donna Weiss  
Address: 4619 SE 5th PL #6  
Cape Coral FL 33904

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Donna Weiss  
Address: 4619 SE 5th PL #6  
Cape Coral FL 33904

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

Donna Weiss

Required Signature/Registered Agent

2-28-11

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.

Donna Weiss

Required Signature/Incorporator

2-28-11

Date