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| (Re | equestor's Name) | | |
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| (Address) | | | |
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| . (Cit | ty/State/Zip/Phone | #) | |
| PICK-UP | MAIT | MAIL | |
| (Bu | siness Entity Nam | ie) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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11 MAR I 4 PH IZ: 40 SECRETARY OF STATE AHASSEE FLORIC

MRD/16

COVER LETTER

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

| SUBJECT: | H.H Billing (PROPOSED CORPOR | g Senvio | ces, Inc |
|-----------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------|
| | (PROPOSED CORPOR | ATE NAME – <u>MUST INC</u> | <u>LUDE ŞI⁄FFIX</u>) |
| Enclosed are an o | riginal and one (1) copy of the ar | ticles of incorporation ar | nd a check for: |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL C | \$87.50 Filing Fee, Certified Copy & Certificate of Status COPY REQUIRED |
| FROM: H.H Billing Services And | | | |
| 2100 SW 152 PC- | | | |
| _ | | CLUL P | C. 33185 |
| 305) 790-1935 Daytime Telephone number | | | |
| Roheley valdes @yahod.es. 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: H.H. Billi | ng Services, Inc |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Principal office Principal street address 2 00 50 152 7 HIGHT FL. 33185 | Mailing address, if different is: |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | |
| Billing & Collect | 10NS |
| ARTICLE IV SHARES The number of shares of stock is: | |
| Name and Title: Robelsu Valca | Name and Title: |
| Name and Title: | |
| Name and Title: Name and Title | Name and Title: |
| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address (P.O. Box NOT acceptable) of the Name: Address: Address: Address: Address: | registered agent is: |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: Name: Address: DIOD SW 152 P Hiami, Fl. 33185 | |
| Having been named as registered agent to accept service of process for this certificate, I am familiar with and accept the appointment as register than the appointment as register than the accept the appointment as registered agent to accept service of process for this certificate, I am familiar with and accept the appointment as registered agent to accept the appointment as registered agent accept the appointment as registered agent agent accept the appointment as registered agent accept the appointment accept the ac | |
| Required Signature/Registered Agent / Inc | orporator |
| I submit this document and affirm that the facts stated herein are tru document to the Department of State constitutes a third degree felony as | |

Date

Required Signature/Incorporator