

P11000028206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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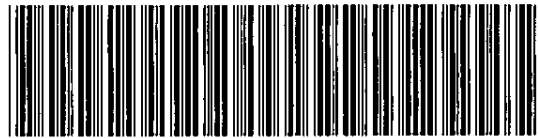
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2011 FEB 10 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: T & A MEDICAL BILLING SERVICES
(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: Tumeeka Luc
Name (Printed or typed)

1108 CASTLEWOODS TERR-APT 114
Address

CASSELBERRY FLORIDA 32707
City, State & Zip

(407) 951-5787
Daytime Telephone number

t-amedicalbillingservices@yahoo.com
E-mail address: (to be used for future annual report notification)

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

2011 FEB 10 AM 8:06

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

T & A MEDICAL BILLING SERVICES INC**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**4010 NW 22nd St
CAPE CORAL, FL
33993**

Mailing address, if different is:

**1108 CASTLEWOODS TERR
APT 114
CASSELBERRY FL 32707****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The Purpose of Medical Billing is to ensure that the provider receives fair payment for services rendered. Payment should reflect the services performed and should be received in a timely manner.

ARTICLE IV SHARES

The number of shares of stock is:

100%**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **ARNETTA BARRY**

Address:

**4010 NW 22nd St
CAPE CORAL, FLORIDA
33993**Name and Title: **Tumeka Luc**

Address:

**1108 CASTLEWOODS TERR
APT 114
CASSELBERRY FL
32707**

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:

Address:

**TUMEKLA LUC
1108 CASTLEWOODS TERR
APT 114, CASSELBERRY FL
32707****ARTICLE VII INCORPORATOR**

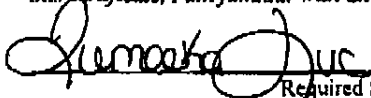
The name and address of the Incorporator is:

Name:

Address:

**ARNETTA BARRY
4010 NW 22nd Street
CAPE CORAL, FLORIDA 33993**

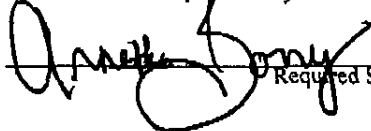
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

3/21/2011
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.



Required Signature/Incorporator

March 22, 2011
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX # 850-245-6804

March 22, 2011

RE: T: A MEDICAL BILLING SERVICES

SUBJECT: REFUND

I Jumeeka Luk, whom is the Vice-President
of T: A MEDICAL BILLING SERVICES is re-
questing a Refund of \$35.00. I have
Overpaid to submit my "Articles of
Corporation". Please send Refund
Check to the following address:
Pay TO THE ORDER:

" Arnetta BARRY "
4010 NW 22nd Street
CAPE CORAL, FLORIDA
33993

PH # (239) 283-2435
Business Number

Thank You
Jumeeka Luk
Vice President