

P11000028869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

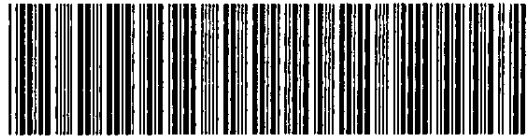
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

OK per Damaris to correct
Art. IV. 3/24

Office Use Only



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02/01/11--01025--019 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 22 AM 11:51

McKnight MAR 24 2011

January 20, 2011

RE: ABUNDANTLY BLESSED MEDICAL BILLING SERVICES INC.

To whom it may concern:

I have no intention of reinstating corporation, and I am releasing the name for immediate use.

Sincerely,



Damaris E Rodriguez

President Abundantly Blessed Medical Billing Services Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 22 AM 11:51

COVER LETTER

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

SUBJECT: Abundantly Blessed 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: Damaris E. Rodriguez
Name (Printed or typed)
423 Winter Nellis Circle
Address
Winter Garden, FL 34787
City, State & Zip
(407) 545-9003
Daytime Telephone number
mylmarie17@aol.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 MAR 22 PM 2:12
DIVISION OF CORPORATIONS

February 4, 2011

DAMARIS E. RODRIGUEZ
1028 CRESTWOOD COMMONS AVE
OCOE, FL 34761

SUBJECT: ABUNDANTLY BLESSED MEDICAL BILLING SERVICES INC.
Ref. Number: W11000006962

We have received your document for ABUNDANTLY BLESSED MEDICAL BILLING SERVICES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 311A00003020

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: Abundantly Blessed Medical Billing Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
423 Winter Nellis Circle
Winter Garden, FL
34787

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Billing Services
Medical Management
Medical Consulting
Personal Account Management +

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Damon S. E. Rodriguez
Address: President

Name and Title: _____
Address: _____

423 Winter Nellis Circle
Winter Garden, FL 34787

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: Damon S. E. Rodriguez
Address: 423 Winter Nellis Circle
Winter Garden, FL 34787

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Damon S. E. Rodriguez
Address: 423 Winter Nellis Circle
Winter Garden, FL 34787

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

Damon S. E. Rodriguez
Required Signature/Registered Agent

03/09/11
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.

Damon S. E. Rodriguez
Required Signature/Incorporator

03/09/11
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 22 AM 11:51