P. 001/002

Page 1 of 1

## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110000869723)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC. Service inc.

Account Number: I2000000146 Phone

: (305)444-4994

Fax Number

: (305)444-4977

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION LRG BILLING, CORP.

Certificate of Status	0
Certified Copy	11
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

04/04/201

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE II	PRINCIPAL OFFICE Principal street address	Mailing address, if different is:		
9	235 NE 5 TERRACE	2235 NE 5 TERR		
	APE CORAL FL 33909	CAPE CORAL, FL 33909		
RTICLE III	hich the corporation is organized is:			
ANY AND LA	WFULL BUSSINES			
ARTICLE IV	SHARES es of stock is: 500 SHARES TO \$1.0	00 EACH		
RTICLE V	INITIAL OFFICERS AND/OR DIREC	TORS		
	Ne:LILIAM ROSADO AS : PRESID	ENI Name and Title:		·
Address:	2235 NE 5 TERRACE CAPE CORAL EL 33909		<u> </u>	
	CAPE CORRELATE SONIA	···-		
Name and Ti	tle:	Name and Title:		
Address:				
		,		
		<del></del>	· · · · · · · · · · · · · · · · · · ·	
Name and Ti	tie:	Name and Title:		
Address:		Address:		
		<del></del>		
RIYCLE UT	REGISTERED AGENT	•		APR
	rida atrest address (P.O. Box NOT acceptal	nle) of the registered agent is:		
Name:	LILIAM ROSADO			<u>1</u>
Address:	2235 NE 5 TERRACE			4-
	CAPE CORAL FL 33909		**3 <b>€</b> }	
PONTO TA TOTA			ien Cin	
	INCORPORATOR ress of the Incorporator is:		The state of the s	• •
	LILIAM ROSADO		Ţiri j	ယ
Address:	2235 NE 5 TERRACE	<del></del>	(7-	٠.
	CAPE CORAL FL 33909			
	·			
	ed as registered agent to accept service of p			lgnated in
is certificate, I an	n familia with and accept the appointment o	is registered agent and agree to act i	n this copacity	
	$\mathcal{U}$		B 278 414 4	
	TRE U	· · · · · · · · · · · · · · · · · · ·	04/01/11	
đ	Required Signature/Registered Agen	<b>t</b>	Date	
y submit this docum	ment and affirm that the facts stated herei	n are true I am aware that the fal	se information subs	ditted in a
	partinent tif State constitutes a third degree			
		, —		
	Cale	•	04/01/11	