

P11000052313

(Requestor's Name)

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DIVISION OF CORPORATIONS

11 JUN -1 PM 2:06

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11 JUN -3 AM 10:38

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

m 6/3/11

Maria's Income Tax
& Accounting Services, Inc.
4698 NW 199 Street
Miami Gardens, FL 33055
(305) 624-7781
(305) 624-8980 fax
www.mariasincometax.com

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUN -3 AM 10:38

May 18, 2011

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Attached please find the following:

**Articles of Dissolution for J&D Professional Billing Inc., Document
Number: N11000004832.

**Articles of Incorporation for J & D Professional Billing, Inc.

Please be advised that the corporation will not be revoking the Dissolution
of Articles and releases the name so that the name can be used as a profit
corporation.

Please note that the original corporation was filed as a Non Profit, should
have been a Profit Corporation.

At this time we would like to file Articles of Dissolution and file for a Profit
Corporation using the same name. Attached is a check in the amount of
\$ 35.00 for the Dissolution and a check in the amount of \$ 70.00 for the
new Articles of Incorporation.

Should you have any questions, please do not hesitate to contact this
office.

Thank you.



Maria Cernadas
Maria's Income Tax
& Accounting Services, Inc.
TAX PREPARER I.D. # P00458631

DMC/ms

COVER LETTER

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

SUBJECT: J & D PROFESSIONAL BILLING, 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: JOHANA C. ARANGUREN
Name (Printed or typed)

10511 SW 108 AVENUE # 182
Address

MIAMI, FL 33176
City, State & Zip

786.790.3532
Daytime Telephone number

DAYANIS_1987@HOTMAIL.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

June 2, 2011

JOHANA C ARANGUREN
10511 SW 108 AVE #182
MIAMI, FL 33176

SUBJECT: J & D PROFESSIONAL BILLING, INC.
Ref. Number: W11000030225

We have received your document for J & D PROFESSIONAL BILLING, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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) 245-6929.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 311A00013516

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: **J & D PROFESSIONAL BILLING, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
10511 SW 108 AVENUE, # 182
MIAMI, FL 33176

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
START A NEW BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **JOHANA C. ARANGUREN, PRESIDENT**
Address: **10511 SW 108 AVENUE, # 182**
MIAMI, FL 33176

Name and Title: _____
Address: _____

Name and Title: **DAYANIS GARCIA, VICE PRESIDENT**
Address: **16500 GOLF CLUB ROAD, # 301**
WESTON, FL 33326

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: **JOHANA C. ARANGUREN**
Address: **10511 SW 108 AVENUE, # 182**
MIAMI, FL 33176

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **MARIA'S INCOME TAX & ACCOUNTING SERVICES INC**
Address: **4689 NW 199 STREET**
MIAMI GARDENS, FL 33055

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

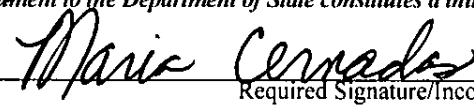


Required Signature/Registered Agent

05/18/2011

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

05/18/2011

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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