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Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
ADV AND BILLING SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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August 16, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS

SUBJECT: ADV AND BILLING SERVICES, INC.  
REF: W11000042670

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Tim Burch  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: E11000203561  
Letter Number: 011A00019144

**H11000203561****ARTICLES OF INCORPORATION**

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I - NAME**

The name of the corporation shall be:

ADV AND BILLING SERVICES, INC.

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing of this corporation shall be:

13151 SW 62 ND TERR  
APT- 101  
Miami FL 33183

**ARTICLE III - SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

**ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

OSMANY FIALLO  
13381 SW 41 ST LN  
Miami FL 33175

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ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Osmany FIALLO  
13381 SW 41<sup>ST</sup> LN  
Miami FL 33175

The undersigned incorporator has executed these Articles of Incorporation this

15 day of August 20 11.  
SignatureARTICLE VI- DIRECTOR (S)The name(s) and street address (es) of the director(s) to these Articles of  
Incorporation is (are):

Osmany Fiallo (P)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
Registered Agent Signature

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