

P110000076836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

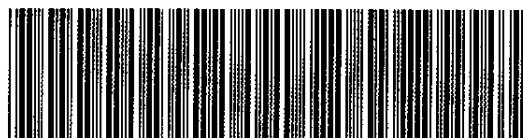
(Document Number)

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W11-42751

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 29 PM 12:58

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W11

COVER LETTER

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

SUBJECT: **TPS 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: **YURIMA JIMENEZ**

Name (Printed or typed)

1800 Csway-79th St, Apt A203

Address

North Bay Village, FL 33141

City, State & Zip

786-307-2487

Daytime Telephone number

yurimacuba@yahoo.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

August 16, 2011

YURIMA JIMENEZ
1800 CSWAY-79TH ST, APT A203
NORTH BAY VILLAGE, FL 33141

SUBJECT: TPS BILLING SERVICES INC
Ref. Number: W11000042751

We have received your document for TPS BILLING SERVICES 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 registered agent must sign accepting the designation.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

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: 611A00019196

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: **TPS BILLING SERVICES INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address
1800 Cswy-79th St, Apt A203
North Bay Village, FL 33141

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BILLING SERVICES

ARTICLE IV SHARES

The number of shares of stock is: **500 SHARES TO \$1.00 EACH**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yurima Jimenez - President
Address: 1800 Cswy-79th St, Apt A203
North Bay Village, FL 33141

Name and Title: _____
Address: _____

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: Yurima Jimenez
Address: 1800 Cswy-79th St, Apt A203
North Bay Village, FL 33141

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Yurima Jimenez
Address: 1800 Cswy-79th St, Apt A203
North Bay Village, FL 33141

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

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

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 AUG 29 PM 12:59

APPROVED
AND
FILED