

P11000079846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

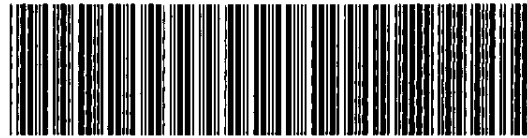
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/06/11--01026--010 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP -6 PM 2:25

11/10/11

9/7
9/6

COVER LETTER

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

SUBJECT: Complete Billing Service, 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: COMPLETE BILLING SERVICE, INC
Name (Printed or typed)

2100 SW 152 PLACE
Address

MIAMI, FL. 33185
City, State & Zip

305-790-1935
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME COMPLETE BILLING SERVICE, INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2100 SW 152 PLACE
MIAMI, FL 33185

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BILLING, COLLECTION, OFFICE SERVICES, ADMINISTRATION, CONSULTANT SERVICES,
PAYROLL SERVICES, BOOKKEEPING SERVICES, ACCOUNT RECEIVABLE, ACCOUNT
PAYABLE SERVICES, NOTARY SERVICES, ETC.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BEATRIZ PEREZ SOTOLONGO
Address: 2100 SW 152 PLACE
MIAMI, FL 33185
PRESIDENT

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:

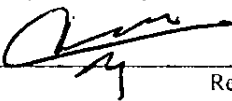
Name: BEATRIZ PEREZ-SOTOLONGO
Address: 2100 SW 152 PLACE
MIAMI, FL 33185

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BEATRIZ PEREZ-SOTOLONGO
Address: 2100 SW 152 PLACE
MIAMI, FL 33185

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

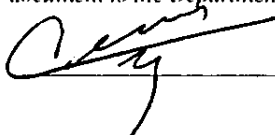


Required Signature/Registered Agent

09/01/2011

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

09/01/2011

Date

11 SEP -6 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
FILED