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(Requestor's Name)				
(Address)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Basament Hamber)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E Burch (187 " 5 2011

COVER LETTER

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

SUBJECT: MEDICAL ELEGIBILITY AND BILLING CORP. (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 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, Certified Copy & Certificate of Status & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Ricardo Marcos Name (Printed or typed) 2916 SW 27th Terrace Address Miami, Fl 33133 City, State & Zip 305-443-3905 Daytime Telephone number rimar305@bellsouth.net 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		AND BILLING INC	
The name of the	corporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
AKIRABI	Principal street address	Moiling	address, if different is:
	2916 SW 27th Terrace	_	
			
	Miami, Fl		
	33133		
ARTICLE III	PITRPOSE		
	which the corporation is organized is:		
	Elegibility services for Medicaid, Medica	re Victime of Crim	e to those Datients that
•	•		
	ved care in Hospitals and Clinics Public		
or Clinic ag	ree make the Billing for the services pro	ivide to the patient.	
ADMICEDIA	CITARRO		
ARTICLE IV	hares of stock is: 500		
The number of s	nares of stock is: JOO		
APTICIE V	INITIAL OFFICERS AND/OR DIRECTORS	9	
	Title: Ricardo Marcos. President.		
Address:	2916 SW 27th Terrace		<u> </u>
	Miami, Fl		×= , =
	33133		21 ∠ 1 − 1
	.55155		
Name and	Title:	Name and Title:	
Address:		Address:	<u>~</u> —i
			
Name and Title:		Name and Title:	
Address:		Address:	
Address:			
	REGISTERED AGENT		
	Florida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Ricardo Marcos		
Address:	2916 SW 27th Terrace	-	
	Miami, Fl.33133	-	
	INCORPORATOR		
	address of the Incorporator is:		
Name:	Ricardo Marcos	-	
Address:	2916 SW 27th Terrace	•	
	Miami, Fl 33133	-	
Havina heen ne	umed as registered agent to accept service of process	for the above stated corr	poration at the place designated in
	I am familiar with and accept the appointment as regi		
4		steren ugem una ugree to	uce in this cupacity
(8)	n k		04
_ cee	Required Signature/Registered Agent		September 30 2011
	Required Signature/Registered Agent		Date
	1		
	ocument and affirm that the facts stated herein are		
document to the	Department of State constitutes a third degree felony	as provided for in s.817.1	155, F.S.
	()		
Rece	Required Signature/Incorporator		September 30 2011
	Required Signature/Incorporator	····	Date