

P11000097833

(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:

Sinda Pizve GAVE
AUTHORIZATION BY PHONE TO
CORRECT Article 7
DATE 11/14/11
DOC. EXAM MRS

Office Use Only



100213503911

10/31/11--01025--009 **78.75

FILED

11 NOV 10 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
11/14

1411-55710

COVER LETTER

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

SUBJECT: Account Receivable Management, 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: Linda J. Pigue

Name (Printed or typed)

9547 Fenrose Terrace

Address

Orlando, Florida 32827

City, State & Zip

888-443-2764

Daytime Telephone number

linda@armiconsulting.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

RECEIVED

11 NOV 10 AM 11:32

DIVISION OF CORPORATIONS

November 1, 2011

LINDA J PIGUE
9547 FENROSE TERRACE
ORLANDO, FL 32827

SUBJECT: ACCOUNT RECEIVABLE MANAGEMENT, INC.
Ref. Number: W11000055710

We have received your document for ACCOUNT RECEIVABLE MANAGEMENT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the corporation name in Article I of the form.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 611A00024829

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

FILED

11 NOV 10 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: ARMI CONSULTING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
9547 Fenrose Terrace
Orlando, Florida 32827

Mailing address, if different is:
P.O. Box 621114
Orlando, FL
32862-1114

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose is to target medical providers and hospitals to offer the following services as a professional and experienced minority company, EMR/EHR Implementation, Post EMR Implementation Clean-up, and Revenue Cycle Management.

ARTICLE IV SHARES

The number of shares of stock is: 5

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Linda J. Pigue/ President
Address: 9547 Fenrose Terrace
Orlando, FL 32827

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:

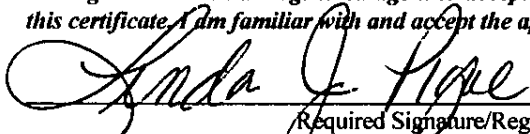
Name: Linda J. Pigue
Address: 9547 Fenrose Terrace
Orlando, FL 32827

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

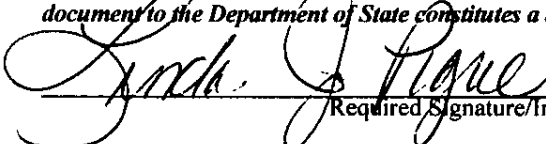
Name: Linda J. Pigue
Address: 9547 Fenrose Terrace
Orlando, FL 32827

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

10/26/11
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

10/26/11
Date