P12000/5225

(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
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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01/31/12--01006--005 **78.75

SUCRETARY OF STATE
DIVISION OF CORPORATIONS

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SECRETARY OF STATE TALLAHASSEE FLORIDA

February 7, 2012

Pamela Smith, Regulatory Specialist II Florida Dept. of State Division of Corporations PO Box 6327 Tallahassee, FI 32314

REF NUMBER: W12000006145

Attached please find the corrected Articles of Incorporation for Unlimited Billing & Collection Solutions, Inc. Please know that the original correspondence sent from your office did not include the check that was stated on the letter.

Thank you.

Rafael Ferrer



February 1, 2012

RAFAEL FERRER 350 NE 31 TERR HOMESTEAD, FL 33033

SUBJECT: UNLIMITED BILLING AND COLLECTION SOLUTIONS INC.

Ref. Number: W12000006145

We have received your document for UNLIMITED BILLING AND COLLECTION SOLUTIONS 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):

You must list at least one incorporator with a complete business street address.

Please return 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) 245-6901.

Pamela Smith Regulatory Specialist II

Letter Number: 712A00003588

COVER LETTER

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

SUBJECT: Unlimited Gilling and Collections Solutions (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 & Certificate of Status \$Certificate of Status \$Certificate of Status \$ADDITIONAL COPY REQUIRED					
FROM: Rafael Ferrer Name (Printed or typed)					
350 NE 31 Terrace					
Homestead FL 33033					
7876) 973-5353 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 SECRETARY OF STATE In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 1011 OF CORPORATIONS

The name of the corp	NAME Unlimited Billing & Coration shall be:	Collection Solutions, Inq.2	FEB 13 AM 11: 47
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing add	ress, if different is:
	0 NE 31 TERRACE		
Но	omestead, FI 33033		
		MIAMI, FL 33144	-1058
	URPOSE ich the corporation is organized is: and collection services to busin	nesses.	
ARTICLE IV S The number of share: ARTICLE V I Name and Title	VT (12) (11) (11) (11) (11) (11) (11) (11)	 Name and Title:	
Address:	PO BOX 441058	Address:	
	MIAMI, FL 33144-1058		
Name and Title	e:	Name and Title:	
Address:			
	e:	Name and Title:	
Address:		Address:	
	· · · · · · · · · · · · · · · · · · ·		
	EGISTERED AGENT		
	da street address (P.O. Box NOT acceptal	ble) of the registered agent is:	
Name:	Rafael Ferrer		
Address:	350 NE 31 TERRACE		
	Homestead, FI 33033	- 	
ARTICLE VII I	NCORPORATOR	•	
	ss of the Incorporator is:		
Name:	Rafael Ferrer		
Address:	PO BOX 441058	•	
	MIAMI, FL 33144-1058		
	as registered agent to accept service of p familiar with and accept the appointment of	us registered agent and agree to act i	
	Required Signature/Registered Agen	t	Date
I submit this docume document to the Depo	ent and affirm that the facts stated herei artment of State constitutes a third degree	n are true. I am aware that the fal felony as provided for in s.817.155,	se information submitted in a F.S.
	一 米		0111017017
	Required Signature/Incorporator		Date