

P12000073086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

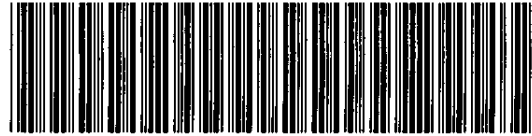
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W12-41882

Office Use Only



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08/09/12--01009--028 **128.75

FILED

12 AUG 24 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

12 AUG 27 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
8/27/12

COVER LETTER

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

SUBJECT: AKHANTHA INC.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

Linda Reyes
Name (printed or typed)

2 Miracle Strip loop, Suite 5
Address

Panama City Beach, fl 32407
City, State & Zip

848-807-1650 / 848-866-2121/334-297-3235
Daytime Telephone Number

JTone@lin-johnmedicalbilling.info
E-mail address: (to be used for future annual report notification)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2012

MARION JONES
2 MIRACLE STRIP LOOP, SUITE 5
PANAMA CITY BEACH, FL 32408

SUBJECT: AKHANTHA INC.
Ref. Number: W12000041882

We have received your document for AKHANTHA INC. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete number of 5 of the Certificate of Domestication. List only one Registered Agent and remove the other.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 912A00020759

CERTIFICATE OF DOMESTICATION

The undersigned, Marion Jones, Owner/President,
(Name) (Title)

of AKHANTHA INC. #80-0757199 a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was October 3, 2011.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Sullivan Cty, 9 Maple tree Ln, Monticello N.Y. 12701
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was AKHANTHA INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is AKHANTHA INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Monticello N.Y. 12701
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Marion Jones, of AKHANTHA INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 20th day of AUGUST, 2012

Marion Jones
(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

FILED
12 AUG 27 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

FILED

12 AUG 27 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE: **AKHANTHA INC.**

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

2 Miracle Strip loop, Suite 5
Panama City Beach, FL 32407

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Medical Billing / Coding

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

100

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

P - owner / Marion Jones - 705 24th Ave, Phenix City, ALA 36869
VP - Co-owner / Linda Reyes - 2 Miracle Strip loop Suite 5, Panama City Beach, FL 32407

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Linda Reyes - 2 Miracle Strip loop Suite 5,
Panama City Beach, FL 32407

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Marion Jones - 705 24th Ave, Phenix city, ALA 36869

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Danda Reyes
Signature/Registered Agent

8-27-12
Date

Marion Jones
Signature/Incorporator

8-27-12
Date