

ps. 1/8/3

## COVER LETTER

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

SUBJECT: LC Billing Solutions, 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: Sandy Kromolicki

Name (Printed or typed)

1305 Toscano Dr

Address

Trinity, FL 34655

City, State & Zip

727-808-8113

Daytime Telephone number

Sandykomo1@gmail.com

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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

13 JAN 17 AM 11:25

**ARTICLE I NAME**

The name of the corporation shall be: **LC Billing Solutions, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1305 Toscano Dr  
Trinity, FL 34655

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **Medical Billing company**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Sandy Kromolicki, President  
Address: 1305 Toscano Dr  
Trinity, FL 34655

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: Sandy Kromolicki  
Address: 1305 Toscano Dr  
Trinity, FL 34655

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sandy Kromolicki  
Address: 1305 Toscano Dr  
Trinity, FL 34655

*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*

Sandy Kromolicki  
Required Signature/Registered Agent

1/10/13  
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.*

Sandy Kromolicki  
Required Signature/Incorporator

1/10/13  
Date