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COVER LETTER

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

SUBJECT: EASY USA BILLING 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: MARIA SARA ABANTO ROJAS

Name (Printed or typed)

188 AFTON LANE

Address

JACKSONVILLE FL 32259-4459

City, State & Zip

1-904-460-2927

Daytime Telephone number

SARA@PACNETSERVICES.COM

E-mail address: (to be used for future annual report notification)

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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)

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ARTICLE I NAME

The name of the corporation shall be: **EASY USA BILLING INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

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Mailing address, if different is:

188 AFTON LANE

JACKSONVILLE FL

32259-4459

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **ANY AND ALL LEGAL BUSINESS**

ARTICLE IV SHARES 1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **MARIA SARA ABANTO ROJAS**

Name and Title: _____

Address **188 AFTON LANE**

Address: _____

JACKSONVILLE FL

32259-4459

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

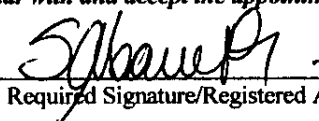
Name: MARIA SARA ABANTO ROJAS
Address: 188 AFTON LANE
JACKSONVILLE FL 32259-4459

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

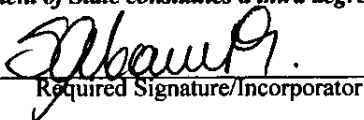
Name: MARIA SARA ABANTO ROJAS
Address: 188 AFTON LANE
JACKSONVILLE FL 32259-4459

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

19TH OCTOBER 2013
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

9TH OCTOBER 2013
Date

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