300089368

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	(#)
_	<u></u>	
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
opeoial mediadions to	Timig Officer.	





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10/30/13--01018--013 **78.75

13 OCT 30 PM 2: 18

Ps 10/31/13

COVER LETTER

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

_{ѕивјест:} Аре	ex Billing Services	S Inc te name – <u>must incl</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
□ \$70.00 Filing Fee	& Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	larcia L & Carla I	Rocha e (Printed or typed)	
		Address	
<u>S</u>	unrise FI 33323	State & Zip	
	City,	Biane of Enp	

(954) 298-8070

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

apex.billing.svcs@gmail.com

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

ARTICLES OF INCORPORATION

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

FILED

SECRETARY OF STATE The name of the corporation shall be: Apex Billing Services Inc 13 OCT 30 PH 2: 18 PRINCIPAL OFFICE Mailing address, if different is: Principal street address 1520 NW 125 Avenue Apt 207 Sunrise FI 33323 The purpose for which the corporation is organized is: To conduct all legal business in the state ARTICLE IV SHARES The number of shares of stock is: 10 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Marcia L Rocha - President, Treasurer Name and Title:_____ 1520 NW 125 Avenue Apt 207 Address Sunrise FI 33323 Carla Rocha - Vice President, Secretary Name and Title:_____ Name and Title: 1520 NW 125 Avenue Apt 207 Address: Address Sunrise FI 33323 Name and Title:______ Name and Title:_____ ____ Address: Address

FILED (conti. SECRETARY OF STATE DIVISION OF CORPORATIONS

Name and	d Title:	Name and Title:	13 OCT 30	PM 2: 18
Address		Address: _		· · · · · · · · · · · · · · · · · · ·
		-		····
ARTICLE VI	REGISTERED AGENT		-4.5	
Name:	orida street address (P.O. Box NOT acceptable) of Marcia L Rocha	the registered age	nt is:	
Address:	1520 NW 125 Avenue Apt 207			
	Sunrise FI 33323			
ARTICLE VII	INCORPORATOR			
The name and ad	dress of the Incorporator is:			
Name:	Marcia L Rocha			
Address:	1520 NW 125 Avenue Apt 207			
	Sunrise FI 33323			
I submit this doc	ned as registered agent to accept service of process am familiar with and accept the appointment as region Required Signature/Registered Agent ament and affirm that the facts stated herein are to Department of State constitutes a third degree felony	stered agent and	agree to act in thi	s capacity 0/20/13 Date
flore	Required Signature/Incorporator	<u> </u>		10/20/13 Date

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

•	In compliance with Chapter 60	•	.S. (Profit) FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
The name of the corporat	E Apex Billing Se	ervices Inc	DIVISION OF CURPURATIONS
ARTICLE II PRII	vcipal office Principal street address Avenue Apt 207		13 OCT 30 PN 2: 18 Mailing address, if different is:
			
Sunrise Ft 333	323		
ARTICLE III PURI The purpose for which the	POSE ne corporation is organized is:	conduct all leg	al business in the state
			1 11 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15
ARTICLE IV SHA	RES 40		
The number of shares of	stock is:		
	TIAL OFFICERS AND/OR DIRECTURE Marcia L Rocha - President, Trea	SUITAT	
Name and Title		Name and The	
Address	1520 NW 125 Avenue Apt	Address:	
	Sunrise Fl 33323		
Name and Title:	Carla Rocha - Vice President, Secr	retary	
Address	1520 NW 125 Avenue Apt	207 Address:	
Address	Sunrise FI 33323	Address:	
. Name and Title:		Name and Title:	
Address		Address:	
			
			

(conti.)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Name and	Title:	Name and Tite 3 OCT 30 PM 2: 18
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and Flo	rida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Marcia L Rocha	
Address:	1520 NW 125 Avenue Apt 207	•
	Sunrise FI 33323	
ARTICLE VII	INCORPORATOR	
The <u>name and add</u>	Iress of the Incorporator is:	
Name:	Marcia L Rocha	
· Address:	1520 NW 125 Avenue Apt 207	
	Sunrise FI 33323	
this certificate, I for	Required Signature/Registered Agent	Date True. I am aware that the false information submitted in a
	Required Signature/Incorporator	Date