

P13000092911

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

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NOV 14 2013

M. SOLOMON

COVER LETTER

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

SUBJECT: LMB TRANSCRIPTION, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: MARYANN KING, CPA
Name (Printed or typed)
1035 STATE ROAD 7, SUITE 315-21
Address
WELLINGTON, FL 33431
City, State & Zip
561-319-3320
Daytime Telephone number
LISA12308@MSN.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)

ARTICLE I NAME

The name of the corporation shall be: LMB TRANSCRIPTION, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

5045 WINDINGBROOK TRL
WESLEY CHAPLE, FL 33544
Chapel

Mailing address, if different is:

5045 WINDINGBROOK TRL
WESLEY CHAPLE, FL 33544
Chapel

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL TRANSCRIPTIONS AND ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LISA BUGG, PRES

Name and Title: _____

Address 5045 WINDING BROOK TRL
WESLEY CHAPLE, FL 33544
Chapel

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

(cont.)

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: LISA BUGG

Address: 5045 WINDING BROOK TRL

WESLEY CHAPLE, FL 35544

Chapel

ARTICLE VII INCORPORATOR

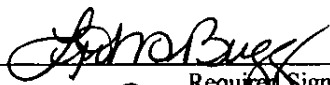
The name and address of the Incorporator is:

Name: MARYANN KING, CPA

Address: 1035 STATE RD 7, STE. 315-21

BOCA RATON, FL 33544

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

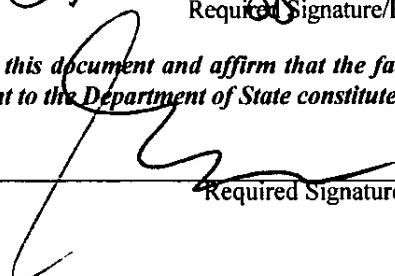


Required Signature/Registered Agent

10/23/13

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.



Required Signature/Incorporator

10/23/13

Date

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TALLAHASSEE
SECRETARY OF STATE



KING FINANCIAL GROUP
CERTIFIED PUBLIC ACCOUNTANTS

October 23, 2013

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

RE: Renewing Corporation from an Existing one. P12000052003-To be Effective as of January 7, 2014

Attention Division of Corporations:

Please be advised that we or my client did not receive notification of the filing fee due on this corporation. However, I contacted the Division of Corporations and was told that we do not have to wait a year to claim the name, as my client is the original owner. We were told we can pay the fee of \$70.00, but to let you know that this is the corporation with the same name and that you would issue a new "P" number. I have listed the "P" number from the previous filing, but my client presently owns the name.

I have enclosed a check in the amount of \$70. Please process this paper work and make it effective 01/14/14. Should you have any questions, please call me.

Regards,

MaryAnn King, CPA