

PA000009793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

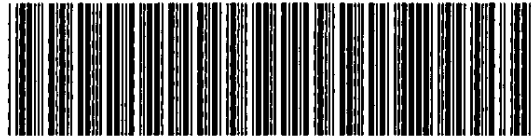
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400255874904

01/24/14--01006--007 **157.50

FILED
14 JAN 24 PM 3:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: MEDICAL INSURANCE COLLECTIONS COMPANY
(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: SONIA RODRIGUEZ
Name (Printed or typed)

6411 HOLATEE TRAIL
Address

SOUTHWEST RANCHES, FL 33330
City, State & Zip

786.217.2935
Daytime Telephone number

SRGISME@YAHOO.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 MEDICAL INSURANCE COLLECTIONS COMPANY
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
6411 HOLATEE TRAIL _____
SOUTHWEST RANCHES, FL _____
33330 _____

ARTICLE III PURPOSE ANY LAWFUL BUSINESS
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|---|-----------------|-------------------------|
| Name and Title: | <u>Sonia Rodriguez, P</u> | Name and Title: | _____ |
| Address | <u>6411 HOLATEE TRAIL</u> <u>SOUTHWEST RANCHES, FL 33330</u> | Address: | _____ _____ _____ |
| Name and Title: | _____ | Name and Title: | _____ |
| Address | _____ _____ _____ | Address: | _____ _____ _____ |
| Name and Title: | _____ | Name and Title: | _____ |
| Address | _____ _____ _____ | Address: | _____ _____ _____ |

FILED
14 JAN 24 PM 3:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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: SONIA RODRIGUEZ

Address: 6411 HOLATEE TRAIL

SOUTHWEST RANCHES, FL 33330

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: SONIA RODRIGUEZ

Address: 6411 HOLATEE TRAIL

SOUTHWEST RANCHES, FL 33330

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

1/20/2014
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

1/20/2014
Date

FILED
14 JAN 24 PM 3:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA