

# P/4000087325

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**M.P. BILLING INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

*10/27/14*

RECEIVED

14 OCT 24 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

14 OCT 24 AM 11:38

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**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 is:

M.P. BILLING INC

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

11285 SW 211<sup>th</sup> ST

Suite 205

Cutler Bay FL 33189

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

MIRIALYS PRADO (P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

MIRIALYS PRADO

11285 SW 211<sup>th</sup> ST Suite 205

Cutler Bay FL 33189

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

MIRIALYS PRADO

11285 SW 211<sup>th</sup> ST Suite 205

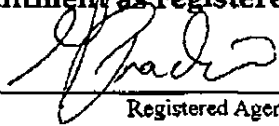
Cutler Bay FL 33189

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**Required Signatures:**

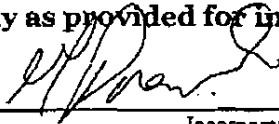
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent

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.



Incorporator

Date

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