Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000048872 3)))



H150000488723ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet,

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (305)552-5973

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

FLORIDA PROFIT/NON PROFIT CORPORATION FLORIDA AFFORDABLE BILLING INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

2015 FEB 25 PH 1: 33

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

ARTICLE I NAME: The name of the corporation is:

FLORIDA AFFORDABLE BILLING	11/10
ARTICLE II PRINCIPAL OFFICE:	7
The principal street address and mailing address is:	HASS
1414 NW 107 AVE	
STe114	36. 36. 37. 37. 37.
Miami FL 33172	
ARTICLE III SHARES: The number of shares of stock is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Article iv initial directors and/or officers: Artex Diaz Capate (P)	
THEX DIGE CAPOTO	-
	_
	
	-
	-
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRES	
The name and Florida street address (PO Box not acceptable) of the registered ager	it is:
Arlex Diaz Capote	
1414 NW 107 ave ste 114	_
Miami FL 33172	
ARTICLE VI INCORPORATOR: The name and address of the Incorporato	r is:
Arlex Diaz Capote	
1414 NW 107 ave ste 114	<u>-</u>
Miami FL 33172	_
	— -

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