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.

Account Number : I20000000019

Phone : (305)552-5973

Fax Number : (305)675-5944

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FLORIDA PROFIT/NON PROFIT CORPORATION TO SOUTH FLORIDA BILL CARE INC.

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

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ARTICLES OF INCORPORATION H 150

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

ARTICLE I NAME: The name of the corporation is:
South Florida Bill care INC.
ARTICLE 11 PRINCIPAL OFFICE:
The principal street address and mailing address is:
6526 Kendale Lakes Dr.
1416 Miami, FL 33183
ARTICLE III SHARES: The number of shares of stock is: \\ \C
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Leyla Martorella - President
ALL SE
ARE JULY
SSES AND
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Leyla Martorella
6526 kendale Lakes Dr.
#1410 Migmi, FL 33183
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Levia Martorella
6526 Kendale Lakes Dr.
1410 Miami, FL 33183

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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-6.817.155, F.S.

Incorporator

15 JUL SECRET TALLAHA

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