

**P15000060916**

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.  
Account Number : I20000000019  
Phone : (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  
OPTIMUS BILLING SERVICES INC**

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

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ALLAHASSEE, FLORIDA

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## ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Optimus Billing Services IncARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

7480 BIRD ROADSTE 460MIAMI, FL 33155ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR ANY AND ALL legal activity/business  
IN FLORIDA AND USA.ARTICLE IV SHARES

The number of shares of stock is:

5000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: HUGO MARTINEZ, PTSD Name and Title:Address: 7480 BIRD ROAD Address:STE 460MIAMI FL 33155

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

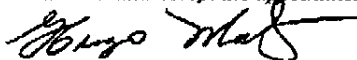
**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: HUGO MARTINEZ  
Address: 7480 BIRD ROAD, STE 460  
MIAMI, FL 33155

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

Name: HUGO MARTINEZ  
Address: 7480 BIRD ROAD, STE 460  
MIAMI, FL 33155

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

07/17/2015

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

07/17/2015

Date

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