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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY 31 AM 10:04

COVER LETTER

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

SUBJECT: ARIES BILLING & COMPLIANCE INC

(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: GINA SCHIRATO

Name (Printed or typed)

11002 AUDIE BROOK DR

Address

SPRING HILL, FL 34608

City, State & Zip

727-494-5310

Daytime Telephone number

ginaschirato@me.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

The name of the corporation shall be: ARIES BILLING & COMPLIANCE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11002 AUDIE BROOK DR

SPRING HILL, FL 34608

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MEDICAL BILLING AND RELATED COMPLIANCE ISSUES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GINA SCHIRATO, PRES

Name and Title: GINA SCHIRATO, DIRECTOR

Address 11002 AUDIE BROOK DR
SPRING HILL, FL 34608

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

16 MAY 31 AM 10:04
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
HILLSBORO

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: GINA SCHIRATO
Address: 11002 AUDIE BROOK DR
SPRING HILL, FL 34608

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SECTION 147.01, F.S.
DIVISION OF CORPORATIONS
16 MAY 31 AM 10:04

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: STEPHEN CUNNINGHAM, CPA
Address: 3036 EAGLE BEND RD
SPRING HILL, FL 34606

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

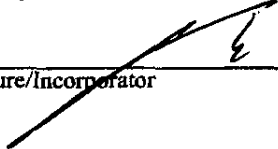
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 05/26/16
Required Signature/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.

 05/26/16
Required Signature/Incorporator Date