

Florida Department of State
Division of Corporations
Record 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.

((H17000137451 3)))



H170001374513ABC\$

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
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
KM MEDICAL BILLING AND COLLECTIONS INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 22 2017

T. SCOTT

17 MAY 19 PM 12:29

INFORMATION SERVICES

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
17 MAY 19 AM 8:46

17 MAY 19 AM 8:46

AND
FILED

H17000137451

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:KM Medical Billing AND Collections INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3060 NW 88 ST Miami FL 33143**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Kylmenis Medina Barrios (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Kylmenis Medina Barrios
3060 NW 88 ST
MIAMI FL 33143**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:KYLMENIS MEDINA BARRIOS
3060 NW 88 ST
MIAMI FL 33143RECEIVED BY STATE
AND
FILED
TALLAHASSEE, FLORIDA

17 MAY 19 AM 8:46

APPROVAL
AND
FILED

H17000137451

H17000137451

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

Lila

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.

Kyle

Incorporator

Date

H17000137451