

PN000055159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

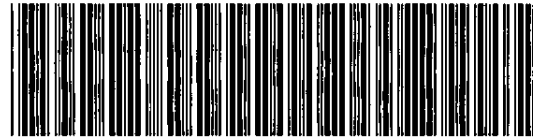
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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17 JUN 26 AM 9:46  
SECURITY OF STATE  
HALL COUNTY FLORIDA

JUN 27 2017

T SCHROEDER

## COVER LETTER

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

Certificate of Domestication MS Billing Solutions, Inc  
SUBJECT: 22-3603213

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ <u>78.75</u>
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status \$ 8.75 n/a

M.S. Billing Solutions Inc.

Name (printed or typed)

1707 Gondola Park Drive

Address

Venice, FL 34292

City, State & Zip

732-600-6782

Daytime Telephone Number

Katie@ttscpa.com

E-mail address: (to be used for future annual report notification)

## CERTIFICATE OF DOMESTICATION

The undersigned, Mary Gerichter, President,  
(Name) (Title)

of M.S. Billing Solutions Inc. a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was August 17, 1998.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was New Jersey.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was M.S. Billing Solutions Inc..
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is M.S. Billing Solutions Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was New Jersey.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Mary Gerichter, of M.S. Billing Solutions Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 20th day of June, 2017

*Mary Gerichter* 6/20/2017  
(Authorized Signature)



### Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I    NAME**

THE NAME OF THE CORPORATION SHALL BE:

M.S. Billing Solutions Inc.

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

1707 Gondola Park Drive

1707 Gondola Park Drive

Venice, FL 34292

Venice, FL 34292

**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Healthcare / Medical billing

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 100

**ARTICLE V   INITIAL DIRECTORS AND/ OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

Mary Gerichter / President

1707 Gondola Park Drive

Venice, FL 34292

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Mary Gerichter

1707 Gondola Park Drive

Venice, FL 34292

**ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Mary Gerichter

1707 Gondola Park Drive

Venice, FL 34292

\*\*\*\*\*

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Mary Gerichter  
Signature/Registered Agent

6/20/2017  
Date

PLEASE SIGN  
& DATE

Mary Gerichter  
Signature/Incorporator

6/20/2017  
Date

PLEASE SIGN  
& DATE

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA