P180000 32183

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		:		
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Nh mana				
no money				

Office Use Only

N. SAMS APR 10 2018



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04/06/18--01002--013 **78.75

SECRETARY OF STATE ONLY STATE OF STATE

COVER LETTER

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

SUBJECT: West Co	oast Billing & Consulting Group, Inc	<i>.</i> .	
SUBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	oria Alvarez Nam	e (Printed or typed)	
156	25 SW 62 Terrace		
		Address	
Mia	ami, FL 33193		
	•	State & Zip	
786	6-417-4665	Telephone number	
alva	Daytime in paytime in	ciepnone number	
**************************************	F-mail address: (to be use	d for future annual report	notification

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

2018 APR -3 AMII: 37

**PUREAU OF COMMERCIAL MEDITION SERVICEL

INFORMATION SERVICEL

March 23, 2018

GLORIA ALVAREZ 15625 SW 62 TERRACE MIAMI, FL 33193

SUBJECT: WEST COAST BILLING & CONSULTING GROUP, INC.

Ref. Number: W18000028682

We have received your document for WEST COAST BILLING & CONSULTING GROUP, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$78.75.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 918A00005917

18 APR -6 PH 3: 38
SHARLDNIY OF STARE
ALL MAINSOFF CLOSER

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

The name of the corporat	ion shall be: West Coast Billing &	Consulting Group, Inc.	
ARTICLE II PRINC			ress, if different is:
15625 SW 62 Terrace	-		
Miami, FL 33193		-	
ARTICLE III PURPO The purpose for which the	OSE Corporation is organized is:	sulting and Billing Services	
			7A.: 6
			APR.
_			555
ARTICLE IV SHARI The number of shares of	ES 100 stock is:		PH 3: 33
	Claria Alvana Sama	<u>ORS</u>	
Name and Title	Gloria Alvarez - PRES .	Name and Title:	
Address	15625 SW 62 Terrace	Address:	
	Miami, FL 33193		
Name and Title:		Name and Title:	
Address	<u> </u>		
	-		
Name and Title:		Name and Title:	
Address		Address:	

Name an	nd Title: Nar	ne and Title:		
Address	s Add	dress:		
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) of the r	registered agent is:		
Name:	Gloria Alvarez			
Address:	15625 SW 62 Terrace			
	Miami, FL 33193			
ADTICI E VII	INCOPPORATOR			
	INCORPORATOR			
i ne <u>name and ad</u>	address of the Incorporator is:			
Name:	Gloria Alvarez			
Address:	15625 SW 62 Terarce			
	Miami, FL 33193			
ARTICLE VIII	EFFECTIVE DATE: fother than the date of filing: 3/25/2018	(ORTIONAL)		
	date is listed, the date must be specific and cannot be			
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				
<i>y</i>) laus o Men	2/2/2 "8		
	Required Signature/Registered Agent			
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.				
- (I) k	louge) (. Ch)	3/34/2018		
Requi	nired Signature/Incorporator	Date Date		

West Coast Billing & Consulting Group, Inc. 15625 SW 62 Terrace Miami, Florida 33193 786-417-4665

March 15, 2018

Re: West Coast Billing & Consulting Group, Inc.

To whom it may concern,

I am writing this letter to inform you that I am the owner of West Coast Billing & Consulting Group, Inc... When I originally filed for my company I filed it in error as a nonprofit corporation instead of a profit corporation. Since then, I dissolved the nonprofit corporation and have no intention of reopening it as a nonprofit corporation.

If you have any questions, please feel free to contact me at (786) 417-4665.

Gloria Alvarez

President

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