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To:			
	Division of C	orporations	
	Fax Number	: (850)617-6381	$\mathbb{Z}_{\mathbb{Z}}$
From:			[447]
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	
		r : I20000000019	٠,
		; (305)552-5973	5.
		: (305)675-5944	
Enter an	the email addre	ess for this business entity to be used for f lings. Enter only one email address pleame.	uture
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FLORIDA PROFIT/NON PROFIT CORPORATION BILLING DEPARTMENT SERVICES CORP

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
Billing Department Services corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 524 5w Street Coral Gables + 33134
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Diunys Gonzalez (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Diunys Gonzalez
5241 Sw 7 Street
Coral Gables. Fl 33,34.
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Diunys Gonzalez
524 Sw 7 Street
Coral Copies #1 33124

Required Signatures:

Having been named as registered agent to accept service o corporation at the place designated in this certificate, I am appointment as registered agent and agree to a	ı familiar with and accept the
Registered Agent	07/30/19.
I submit this document and affirm that the facts stated here the false information submitted in a document to the Departhird degree felony as provided for in s.817.155, F.S. Incorporator	