

P200000010064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

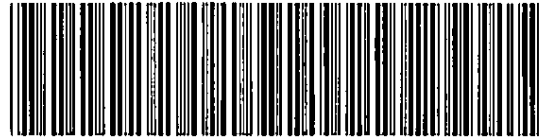
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/05/20--01004--011 ♦♦78.75

20 FEB -5 11:11:51

2020 FEB -5 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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FEB 10

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 02/05/2020

☐

CERTIFIED COPY



PHOTOCOPY

XX

CUS

CERTIFICATE OF STATUS

XX

FILING

INC

1. **PRIME BILLING INC**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

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

SUBJECT: PRIME BILLING 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: BETTINA S TOLEDO

Name (Printed or typed)

11730 SHERIDAN ST

Address

PEMBROKE PINES FL 33026

City, State & Zip

954-436-1010

Daytime Telephone number

ADA@BRAVOACCOUNTING.COM

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

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

FILED

ARTICLES OF INCORPORATION

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

2020 FEB -5 AM 10:11

ARTICLE I NAME

The name of the corporation shall be: PRIME BILLING INC

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11730 SHERIDAN ST

PEMBROKE PINES FL 33026

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BETTINA S TOLEDO, PRESIDENT

Name and Title: ORLANDO TOLEDO, VP

Address 11730 SHERIDAN ST

Address: 11730 SHERIDAN ST

PEMBROKE PINES FL 33026

PEMBROKE PINES FL 33026

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: BETTINA S TOLEDO

Address: 11730 SHERIDAN ST

PEMBROKE PINES FL 33026

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ADA F BRAVO

Address: 650 NW 180TH TER STE 103

PEMBROKE PINES FL 33029

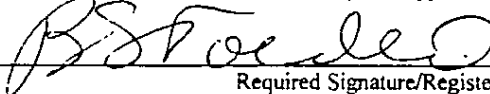
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the filing.)

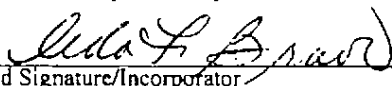
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

2/5/2020
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.


Required Signature/Incorporator

2/5/2020
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL