Division of Corporations Electronic Filing Cover Sheet

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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.

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marr.	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION HERRERA BILLING SERVICES CORP

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
ERRERA Billing Services Corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
12920 SW 81 C+ NVC
Pinecrest F1 33156
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Mercida Mendoza , Herrera
PRESIDENT)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
NEREIDA MENDOZA HERRERA
12820 SW 815 AVE
PINECREST FL 33156
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
NEREIDA MENDOZA HERRENA
12820 SW 815 AVE
PINECREST FL 33156

LAZARUS CORPORATE

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

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.