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COVER LETTER

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

SUBJECT: SKY MEDICAL 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: ROBERT E BONE JR., ESQUIRE

Name (Printed or typed)

918 W. MAIN STREET

Address

LEESBURG, FLORIDA 34748

City, State & Zip

352-315-0051

Daytime Telephone number

rbone@thebonelawfirm.com

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

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

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

ARTICLE I NAME

The name of the corporation shall be: SKY MEDICAL BILLING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10123 US HWY 441

LEESBURG, FLORIDA 34788

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 1000

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GARY BLAKELY, PRES. SEC. TRE Name and Title: JUNE LEW, DIRECTOR

Address: 2048 BROOKSHIRE CI. Address: 5201 BANANA POINT DRIVE
EUSTIS, FLORIDA 32736 OKAHUMPKZ, FLORIDA 34762

Name and Title: THIRUPPATHI KTM, DIRECTOR Name and Title: _____

Address: 34, PREETHAM STREET Address: _____
DURASAMY NAGAR
MADURAI, TAMILNADU, INDIA 625003

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: GARY BLAKELY

Address: 4028 BROOKSHIRE CIR

EUSTIS, FLORIDA 32736

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GARY BLAKELY

Address: 4028 BROOKSHIRE CIR

EUSTIS, FLORIDA 32736

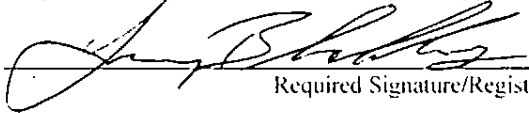
ARTICLE VIII EFFECTIVE DATE:

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

JANUARY 21, 2021

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

JANUARY 21, 2021

Date