

P21000014069

Florida Department of State
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.
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TALLAHASSEE, FL

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
HIGH QUALITY BILLING SERVICE, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2021 FEB 15 PM 4:31

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

SECRETARY OF STATE
TALLAHASSEE, FL**ARTICLE I NAME:** The name of the corporation is:High Quality Billing Service, Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8370 west Flagler St Ste 246
Miami, FL 33144.**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Jenssy M. Rodriguez Chil (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Jenssy M. Rodriguez Chil
8370 west flagler st Ste 246
Miami FL 33144**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Jenssy M. Rodriguez Chil
8370 west flagler st Ste 246
Miami FL 33144

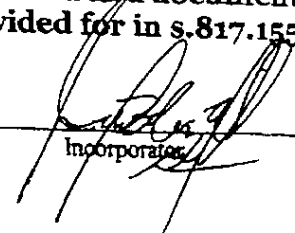
Required Signatures:

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_____
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.



Incorporator_____
Date

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TALLAHASSEE, FL