

4/19/24, 10:07 AM

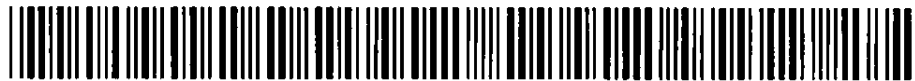
Division of Corporations

P24000027592

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000143014 3)))



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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CUSI CONSULTING, INC.

Account Number : I20230000150

Phone : (786)616-3495

Fax Number : (305)714-3014

**\*\*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 PROFIT/NON PROFIT CORPORATION**  
**NR Medical Billing, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

FILED  
2024 APR 19 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FL

T. MATTHEWS

APR 22 2024

Electronic Filing Menu

Corporate Filing Menu

Help

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

**FILED**  
2024 APR 19 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I NAME**

The name of the corporation shall be: NR Medical Billing, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1011 W 46TH STREET

Hialeah, FL 33012

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Consulting

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Niurys Rivero, President

Name and Title: \_\_\_\_\_

Address 1011 W 46TH STREET

Address: \_\_\_\_\_

Hialeah, FL 33012

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: Niurys Rivero

Address: 1011 W 46TH STREET  
Hialeah, FL 33012

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Niurys Rivero

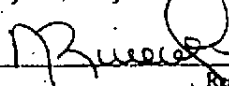
Address: 1011 W 46TH STREET  
Hialeah, FL 33012

**ARTICLE VIII EFFECTIVE DATE:**

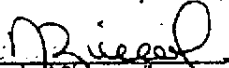
Effective date, if other than the date of filing: 04/13/2024 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 04/18/2024  
Required Signature/Registered Agent atc

*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.*

 04/18/2024  
Required Signature/Incorporator Date