

P95000072123

TRANSMITTAL LETTER

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

SUBJECT: First Class Billing Services  
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check  
for \$ 148.50.

FROM:

Barbara Perera  
Name (printed or typed)  
19550 NW 57 Ct.  
Address  
Hialeah FL 33015  
City, State, & Zip  
(305) 819-9923  
Telephone Number

FILED  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FL  
SEP 19 1995

500001576535  
-09/05/95--01005--001  
\*\*\*148.50 \*\*\*148.50

Note: Please provide the original and one copy of the Articles.

789-505-509-671  
W95-18064

9/19/95



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

FILED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

SEP 07 1995 AM 10:02

September 7, 1995

BARBARA PERAZA  
19550 NW 57 COURT  
HIALEAH, FL 33015

SUBJECT: FIRST CLASS BILLING SERVICES  
Ref. Number: W95000018064

We have received your document for FIRST CLASS BILLING SERVICES and your check(s) totaling \$148.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The corporate name must be identical throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Claretha Golden  
Document Specialist

Letter Number: 895A00041468

**ARTICLES OF INCORPORATION**

**.01**

First Class Billing Services, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

FILED  
STATE  
RECORDS  
2008-02

**ARTICLE I NAME**

The name of the corporation shall be: First Class Billing Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

19550 N.W. 57 Ct.  
Hialeah, Fl. 33015

**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

(100 par)

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Barbara Perara  
19550 N.W. 57 Ct.  
Hialeah, Fl. 33015

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

740 W 34 St  
Hialeah, FL 33012 - Aida Marie Perez - President  
3000 W 11 Ave  
Hialeah, FL 33012 - Barbara Peraza - V-President  
19550 NW 57 Ct  
Hialeah, FL 33015 - Aida Maria Ruiz - Treasurer,  
Secretary

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

30th day of August, 19 95.

Aida Perez  
Signature  
Barbara Peraza  
Signature  
Aida Maria Ruiz  
Signature

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: First Class Billing Services, Inc.

2. The name and address of the registered agent and office is:

Barbara Peraza  
(NAME)  
19550 NW 57 Ct.  
(P.O. BOX NOT ACCEPTABLE)  
Hialeah, FL 33015  
(CITY/STATE/ZIP)

RECEIVED  
STATE  
SECRETARY  
JUL 19 1995

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Barbara Peraza

DATE

8-30-95

REGISTERED AGENT FILING FEE: \$35.00