# P95000072552

### TRANSMITTAL LETTER

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

Time Fig. 75

-09/19/95--01045--015

\*\*\*\*\*78.75

Absolute Billing Company, Inc. SUBJECT: \_ (Proposed corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$122.50 \$131.25 \$70.00 × \$78.75 Filing Fce & Certificate Filing Fee, Filing Fee Filing Fee & Certified Copy Certified Copy & Certificato Additional Copy Required Dean A. Shelley FROM: Name (printed or typed) 284 North Street Address Palm Harbor, FL 34683 City, State & Zip 813-784-9690 Daytime Telephone number 1. Es. 1. GEB 50 1. the of shares to be 1

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

FII.ED

## ARTICLES OF INCORPORATION SEP 10 ANIO: 17

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.

ARTICLE I NAME

The name of the corporation shall be: Absolute Billing Company, Inc.

ARTICLE II PRINCIPAL OFFICE

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

284 North Street Palm Harbor, FL 34683

ARTICLE III SHARES

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

One share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Dean A. Shelley 284 North Street Palm Harbor, FL 34683

#### ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Dean A. Shelley/Owner President

The under	signed incorporato	r(s) has(have) executed these	Articles of Incorpora	ition this
15	day of <u>5ep</u>	tember, 19	75.	
		Dean a.8	helley for	rer President
	N/A	Signature Not Applic.	$\sigma$	7
	<del>*************************************</del>	Signature	J. 11	<del></del>
	N/Λ	Not Applic.		
		Signature		

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: Absolute Billing Company, Inc.
	<i>N</i> /A
2.	The name and address of the registered agent and office is:
	Dean Alden Sheiley
	(Name)
	284 North Street
	(P.O. Box or Mail Drop Box NO'T ACCEPTABLE)
	Palm Harbor, FL 34683 (City/State/Zir)

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 agrie 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.

Mean alden Sheller 15 September 1995
(SIGNATURE) (DATE) SEE, FLORIS

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FE 32314