

P96000010126

TRANSMITTAL LETTER

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

800001701268
-01/30/96--01059 -012
****122.50 ****122.50

SUBJECT: All About Medical Billing Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for:

☐ \$70.00

☐ \$78.75

☒ \$122.50

☐ \$131.25

FILED
96 FEB -1 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM:

Lisa Jimenez.

Name (printed or typed)

10860 SW 144 Place.

Address

Miami Fla 33186.

City, State & Zip

305-380-9813.

Daytime Telephone number

BE
2-1-96

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

ARTICLES OF INCORPORATION

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:

All About Medical Billing Inc.

ARTICLE II PRINCIPAL OFFICE

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

Principal
10860 SW 144th Place
Miami, FL 33186

Mailing
14629 SW 104
Suite 259
Miami, FL 33186

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: *1*

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Libeth Jimenez
10860 SW 144 PL.
Miami, FL 33186

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

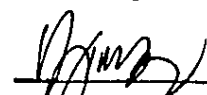
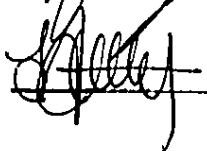
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Libeth Jimenez
10860 SW 144 PL
MIAMI FL 33186

Lisa Jimenez
10860 SW 144 PL
MIAMI, FL 33186

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

30 day of JANUARY, 19 96.

Signature

Signature

Signature

NOTE: Attixing 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:

All About Medical Billing Inc.

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

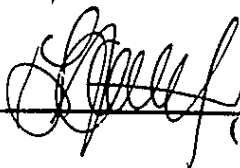
Libeth Jimenez
(NAME)

10860 SW 144 PLACE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Miami, FL 33186
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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)

1/30/96
(DATE)