

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 327
Tallahassee, FL 32314

P 960000028294

900001756198
-03/25/96--01075--019
*****78.75 *****78.75

SUBJECT: Metro 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Aldo Farradaz
Name (printed or typed)
1664 West 42nd Street
Address
Hialeah, Florida 33012
City, State & Zip
(305) 826-9011
Daytime Telephone number

APR 25 PM 6:55
STATE
TALLAHASSEE, FLORIDA

APR 1 1996

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

FILED

ARTICLES OF INCORPORATION 96 MAR 25 PM 6:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Metro Medical Billing, Inc.

ARTICLE II PRINCIPAL OFFICE

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

555 East 25th Street, Suite 203
Hialeah, Florida 33013

ARTICLE III SHARES

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

100 Share / Par Value \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Alco Farradaz
1664 West 42nd Street
Hialeah, Florida 33012

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):

Aldo Farradaz, President
1664 West 42nd Street
Hialeah, Florida 33012

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

21st day of March, 1996.



Signature

Signature

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: Netro Medical Billing, Inc.

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


Aldo Farradaz
(NAME)

1664 West 42nd Street
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Hialeah, Florida 33012
(CITY/STATE/ZIP)

FILED
MAR 25 PM 5:55
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)

03-21-96
(DATE)