Requestor's Name 890 S.W. 87 AVENUE SUITE: 16 Address MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Office Use Only LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. KEILA BILLING SERVICES JIVC. 2. (Corporation Name) (Document #) ####122,50 ####122,50) 3. (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in Pick up time 9,00 Mail out Will wait Certificate of Status **□** Photocopy ENEW FILINGS AMENDMENTS Profit Amendment Resignation of R.A., Officer/ Director **NonProfit** Limited Liability Change of Registered Agent **Domestication** Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATIONS QUALIFICATION **Annual Report** Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Examiner's Initials

MAY 2 A 1994

SN

Other

TARA PETA PAREN PINEST MILÄHÄSSER PLÖRIÖA

### ARTICLES OF INCORPORATION

OF

# KEILA BILLING SERVICES, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

#### ARTICLE I

The name of this corporation shall be: KEILA BILLING SERVICES, INC.

#### ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

## ARTICLE III

The general nature of the business and objects and purposed proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

  To have perpetual succession by its corporate
  name; KEILA BILLING SERVICES, INC.

## ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

### ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

RUBEN GARCIA 8211 SW 12 TERRACE MIAMI, FL 33144

The principal office shall be:

8211 SW 12 TERRACE MIAMI, FL 33144

# ARTICLE VI

The initial Board of Directors shall consist of a total of TWO (01) person, and the name and address of the person who is to serve as an initial director is:

RUBEN GARCIA 8211 SW 12 TERRACE MIAMI, FL 33144

100%

PRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is:

RUBEN GARCIA 8211 SW 12 TERRACE MIAMI, FL 33144

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 22th day of MAY, 1996

RUBEN GARCIA

STATE OF FLORIDA ) SS.
COUNTY OF DADE )

BEFORE ME, a notary public authorized to take acknowledgements in the state and county set forth above,
personally appeared RUBEN GACIA Known to me and
known by me to be the person(s) who executed the foregoing
Article of Incorporation, and she acknowledged before me that
she executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this 22th day of MAY, 1996

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

My commission Expires:

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision 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:

KEILA BILLING SERVICES, INC.

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

RUBEN GARCIA 8211 SW 12 TERRACE MIAMI, FL 33144

 $\mathbb{Z}$ 

C/I

HAVING BEEN NAMED AS REGISTERFD 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

MAY 22, 1996