# TRANSMITTAL LETTER

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

SUBJECT:	Horizon Billing Services, Inc.	
	(Proposed corporate na	ime - must include ####################################
		*****78.75 *****78.75

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

\$70.00

**X** 578.75

Filing Fee

Filing Fee

8. Certificate

**\$122.50** 

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

**Certified Copy** 

& Certificate

C

ADDITIONAL COPY REQUIRED

FROM:	Cheryl L. Foster	95 35.
	Name (Printed or typed)	
		5 B
	752 North Crescent Drive	-5 SE
	Address	27 Sign
		س الله
		豆 鞋
	Hollywood, FL 33021-6169	2 E
	City State & Zin	5

(954)587-1177

Daytime Telephone number

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

# ARTICLES OF INCORPORATION DEVISION OF THE PROPERTY OF THE PROP



96 MOV -5 ATTO: 16

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:

Horizon Billing Services, Inc.

#### ARTICLE II PRINCIPAL OFFICE

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

Place of business: 752 North Crescent Drive Hollywood, FL 33021-6169

#### ARTICLE III SHARES

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

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

The name and address of the initial registered agent is:

Cheryl L. Foster 752 North Crescent Drive Hollywood, FL 33021-6169

#### 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):

Cheryl L. Foster 752 North Crescent Drive Hollywood, FL 33021-6169

The unc	dersigned	incorporator(s) l	has(have) executed these Articles of Incorporation	this
1st	_ day of	November	, 19 <u>96</u> .	
(An add	itional art	icle must be adde	ed if an effective date is requested.)	
		<u>Ch</u>	eugl L. Foster Signature	
			Signature .	
		<del></del>	Signature	

## Notarization is not required

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:	HOTIZON BILLING	Services, inc.	
2. The name and a	ddress of the regi	stered age. and office	is:	
	Cheryl	L. Foster (Name)		6101-5
		orth Crescent Driv ox or Mail Drop Box NOT		65 83 18 10 16 F3 10: 16
	Hollyw	good, FL 33021-616 (CITY/STATE/ZIP)	9	ਰ ਓ
corporation at the pagent and agree to	lace designated i act in this capaci r and complete p	n this certificate, I he ty. I further agree to erformance of my dut	service of process fo reby accept the appoin comply with the provi ies, and I am familiar	ntment as registered isions of all statutes
Cherry	L LOS (SIGNATUR	E)	<u>//- /- 9</u> (Date)	76