

P96000 103279

Tillman C. Burks, 999
1909 University Boulevard South
#304
Jacksonville, Florida 32216
(904) 725-8644

December 15, 1996

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

700002032837--6
-12/18/96--01094--014
****122.50 ****122.50

Dear Sirs/Madams:

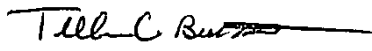
Please find enclosed my application for the incorporation of my business in the State of Florida along with a check in the amount of \$122.50 which is broken down as follows: \$70.00 for a basic filing fee, and an additional \$52.50 for a certified copy of my certificate.

If you could please process this application as soon as possible so that I may get my business licence from Duval County I would appreciate it greatly.

Should you have any questions, or if I may be of any further assistance please do not hesitate to contact me at the above telephone number.

I look forward to hearing from your office.

Sincerely;


Tillman C. "Skip" Burks, III

Encl.

FILED
96 DEC 26 PM 4: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W96-26725

DEC 20 1996

TRANSMITTAL LETTER

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

SUBJECT: TOTAL CLAIMS BILLING SERVICES

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

_____ \$70.00	_____ \$78.50	<u>X</u> \$122.50	_____ \$131.25
Filing fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate

Additional Copy Required

From: Tillman Cullen Burks, III
Name (printed or typed)

1909 Univeristy Blvd South #304
Address

Jacksonville, Florida 32216
City, State, & Zip

(904) 725-8644 (home) (904) 363-4434 (work)
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 20, 1996

TILLMAN CULLEN BURKS, III
1909 UNIVERSITY BLVD., S. #304
JACKSONVILLE, FL 32216

SUBJECT: TOTAL CLAIMS BILLING SERVICES
Ref. Number: W96000026725

We have received your document for TOTAL CLAIMS BILLING SERVICES and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Sandy Ng
Document Specialist

Letter Number: 696A00056769

Total Claims Billing Services, Inc.
1909 University Boulevard South
#304
Jacksonville, FL 32216
(904) 805-0250
Fax: ((904) 805-9699

December 23, 1996

Ms Sandy Ng
Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Dear Ms Ng:

Thank you for your assistance in trying to get my company filed with the state. Please find enclosed the original documents for filing which were returned to me for missing information. I would like the name of my company to be Total Claims Billing Services, Inc.

Also per our conversation, please return to me a whatever documents you think I would need to provide to the Clerk of the Court for Duval County for the filing of my business license. I would like this information to be returned via fax and the originals mailed to me. My fax number is (904) 805-9699. You may also call me at (904) 805-0250 before faxing to be assured that the fax will be ready to receive.

Should you have any further questions, or if I can be of any other assistance please do not hesitate to contact me. I may be reached also at (904) 725-8644.

Again, thank you for your assistance and prompt attention to this, and have a Safe and Merry Christmas.

Kindest Regards:



Tillman C. "Skip" Burks, III

Enc.

EFFECTIVE DATE
1/1/97

FILED
96 DEC 26 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: **TOTAL CLAIMS BILLING SERVICES, Inc.**

ARTICLE II PRINCIPAL OFFICE

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

**1909 University Boulevard South
304
Jacksonville, Florida 32216**

ARTICLE III SHARES

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

There will be no outstanding shares of stock at this time. I as president of the corporation will retain all 100% ownership in the company for the early life of the business.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Tillman Cullen Burks, III
1909 University Boulevard South
#304
Jacksonville, Florida 32216**

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):

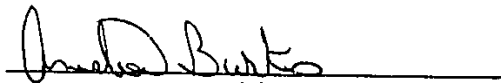
Tillman Cullen Burks, III President
1909 University Boulevard South
#304
Jacksonville, Florida 32216

Amelia McGrath Burks Vice-President
1909 University Boulevard South
#304
Jacksonville, Florida 32216

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
15th day of December, 1996.

(An Additional article must be added if an effective date is requested)


(Signature)


(Signature)

(Signature)

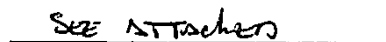
Notarization is not required

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

ARTICLE VI EFFECTIVE DATE

I request an effective date of January 1, 1997.


Tillman Cullen Burks, III


Amelia McGrath Burks

**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 : Total Claims Billing Services, Inc.
2. The name and address of the registered agent and office is:

Tillman Cullen Burks, III
(NAME)

1909 University Boulevard South # 304
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Jacksonville, Florida 32216
(CITY/STATE/ZIP)

FILED
96 DEC 26 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as a 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.

Tillman Cullen Burks, III
(SIGNATURE)

December 15, 1996
(DATE)

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