

P97000038171

TRANSMITTAL LETTER

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

SUBJECT: COMBINED BILLING SERVICE'S INC.

(Proposed corporate name - must include suffix)

800002157578--4

-04/29/97--01011--004

\*\*\*\*\*78.75 \*\*\*\*\*78.75

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: DAVID L. ERWIN  
Name (printed or typed)

301 BELCHER RD. N.E. #2452  
Address

LARGO FL. 33771  
City, State & Zip

813-530-9640  
Daytime Telephone number

APR 29 11:58 AM '97 BSB

FILED  
97 APR 28 PM 2:08  
TALLAHASSEE, FLORIDA  
STATE

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

ARTICLES OF INCORPORATION

OF

COMBINED BILLING SERVICES INC.

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:

COMBINED BILLING SERVICES INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

14100 US Highway 19 N.  
CLEARWATER, FL. 33724

ARTICLE III CAPITAL STOCK

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

JAMES T. APPELGATE  
5370 EAST RAY DR. SUITE 209  
CLEARWATER FL. 34624

ARTICLE V INCORPORATOR(S)

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

JAMES T. ALLEGATE  
5370 EAST 64th DR. SUITE 209  
CLEANWATER FL. 34624

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

\_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

James Allegate President  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

**CERTIFICATE OF DESIGNATION**  
**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: COMBINED BILLING SERVICES INC.

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

JAMES T. APPELGADE  
(NAME)

5370 EAST BAY DR. SUITE 209  
(P.O. BOX NOT ACCEPTABLE)

CLEARWATER FL. 34624  
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

SIGNATURE

James Appelgate  
(corporate officer)

TITLE

President

DATE

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

James Appelgate

DATE