

P970000093320

JOSE R. ARIAS

Requestor's Name

370 E. 2ND STREET, STE. 1

Address

HAIALEAH, FL 33010

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF**

Medi Qwik Billing Services Inc.

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adapt (s) the following Articles of Incorporation.

ARTICLE I NAME

The name of this corporation shall be:

Medi Qwik Billing Services Inc.

ARTICLE II PRINCIPAL OFFICE

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

**370 E 2nd Street Suite 1
Hialeah, Fl. 33010**

ARTICLE III CAPITAL STOCK

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

1000 Shares / \$9.00 per Share

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

**Jose R. Arias
370 E 2nd Street Suite 1
Hialeah, Fl. 33010**

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR (S)

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

Jose R. Arias
370 E 2nd Street Suite 1
Hialeah, FL. 33010

The undersigned has (have) executed these Articles of Incorporation this 14th day
of October, 19 97.

Jose R. Arias
Incorporator

Incorporator

KNOWN TO ME

STATE OF FLORIDA

COUNTY OF DADE

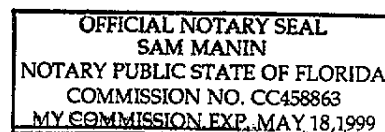
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State
aforesaid and in the County aforesaid, to take acknowledgments, personally appeared
Jose R. Arias, to me known to be the persons described in and who executed
the forgoing instrument or who have produced A620-436-35-415-0 as
identification and who did take an oath and acknowledge before me that they execute the same.

WITNESS my hand and official seal in the County and State last aforesaid the
14th day of October 19 97.

Sam Manin
NOTARY PUBLIC, State of Florida at large

SAM MANIN
(Print Name)

My commission expires:



CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating registered office / registered agent in the State of Florida.

1. The name of the corporation is:

Medi Qwik Billing Services Inc.

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

**Jose R. Arias
370 E 2nd Street Suite 1
Hialeah, FL. 33010**

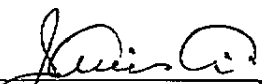
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TALLAHASSEE, FLORIDA



Resident Agent

Date: October 14, 1997

HAVING BEEN NAMED TO ACCEPT SERVICES OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.



Resident Agent