

P98000043464

TRANSMITTAL LETTER

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

FILED STATE
SECRETARY OF CORPORATIONS
98 MAY 11 AM 9:16

SUBJECT: PRN BILLING INC.
(Proposed corporate name - must include suffix)

600002518526--9
-05/11/98--01060--016
****122.50 ****122.50

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: LORI GREENE
Name (Printed or typed)

18433 N.W. 20 ST
Address

Pembroke Pines FL 33029
City, State & Zip

(954) 452-4000 ext 2115
Daytime Telephone number

BT
5/14

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

PRN BILLING INC

ARTICLE II PRINCIPAL OFFICE

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

18433 NW 20 ST
Pembroke Pines, FL 33029

ARTICLE III SHARES

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

ONE THOUSAND.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

LORI GREENE
18433 NW 20 ST Pembroke Pines FL 33029

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

STEPHANIE DIEHL
7770 NW 4TH ST PLANTATION FL 33324



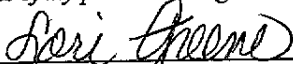
Signature/Incorporator

5/6/98

Date

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

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/Registered Agent

5/6/98

Date

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