P99000021818

TRANSMITTAL LETTER

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

EFFECTIVE DATE
2-26-99

SUBJECT: D.A.A. of Weston Medical Billing, Inc.
(Proposed corporate name - must include suffix)

900002794449--6
-03/04/99--01058--004
*****87.50 *****87.50

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 of Status	☐ $78.75 Filing Fee & Certified Copy	☑ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Maribel Cruz Mendez
Name (Printed or typed)

Maribel GAVE AUTHORIZATION BY PHONE TO Arcadio
CORRECT
DATE 3/4/99
DOC. EXAM

57 Gables Blvd
Address

Weston FL 33326
City, State & Zip

954.384.7169 OR 954.614.3777
Daytime Telephone number

FILED
99 MAR -4 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W56714

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

ARTICLES OF INCORPORATION

EFFECTIVE DATE 2-26-99

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

FILED
99 MAR -4 PM 2:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME
The name of the corporation shall be:

D.A.A. of Weston Medical Billing, Inc

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

57 Gables Blvd, Weston FL 33326

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

1 Share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are: Maribel Mendez Cruz

57 Gables Blvd, Weston FL 33326

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

Maribel Mendez Cruz
57 Gables Blvd, Weston FL 33326

Maribel Mendez Cruz
Signature/Incorporator

2/26/99
Date

Article VI - Effective Date + Purpose = "See Attached"

(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

Maribel Mendez Cruz
Signature/Registered Agent

2/26/99
Date

TO: Florida Department of State

Please start my effective date as of 2.26.99

My specific purpose for this Corporation as followed. To be able TO billed for Medical Physician as a private consultant on their Patient account such as: Medicare Medicaid PPO and private insurance.

Thank you

Maribel Mendez Cruz

D.A.A. of Weston Medical Billing, Inc.