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TRANSMITTAL LETTER

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

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Subject <u>Electronic Billing Solutions, Inc.</u>	С.	<del></del>
Enclosed is an original and one (1) copy of	the articles of incorpor	ation and a check for
	\$122.50 Filing Fee & Certified Copy  (ADDT'L COPY REQ'D)	\$131.25 Filing Fee, Certified Copy & Certificate (ADDT'L COPY REQ'D)

FROM:	Philip K. Akalp		
	26500 West Agoura Road, #361	,	_
	Calabasas, California 91302	·	::- <u>.</u>

300002924413--1 -07/07/99--01005--015 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

## ARTICLES OF INCORPORATION OF

## Electronic Billing Solutions, Inc.

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: Electronic Billing Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1200 Tarpon Woods Blvd. Unit S9 Palm Harbor, Florida 34685

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 1,500 shares at \$1.00 par value per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Patricia Buono 1200 Tarpon Woods Blvd. Unit S9 Palm Harbor, Florida 34685

ARTICLE V INCORPORATOR

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

Philip K. Akalp

26500 West Agoura Road, #361

Calabasas, California 91302

Philip K. Akalp, Incorporator

6/23/99

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 poligations of my position as registered agent.

Patricia Buono, Registered Agent

Date

P9900061879

TRANSMITTAL LETTER

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

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