TRANSMITTAL LETTER

P990000 70437

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

GT	Ama in Rilli	
SUBJEC'i	Umerican Billing Solutions, In	\boldsymbol{C}
	(Proposed corporate name - must include suffix)	_

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Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

□ \$70.00 Filing Fee
Filing Fee
& Certificate of Status

Status

Status

Filing Fee
Filing Fee
Filing Fee
Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Ruben Levy

Name (Printed or typed)

12663 N.W 18 Manor

Address

Pembro Ke Pines, FL. 33028

City, State & Zip

(954) 443-0600.

Daytime Telephone number

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

TS8/9/99

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:

american Billing Solutions Inc.

99 AUG -2 PM 4: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

12663 NW 18 Manor Pembroke Pines, FL 33028

ARTICLE III SHARES

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

500 Shares common stock \$ 1.00 par value,

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Ruben Levy 12663 NW 18 Manor Pembroke Pines, FL. 33028

ARTICLE V INCORPORATOR

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

Ruben Lexy 12663 NW 18 Manor Pembroke Pines, FLES33828

Signature/Incorporator

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 peccept 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

Signature/Registered Agent

Date