

OFFICE USE ONLY (Document #)		7		
LAZARUS CORPORATE FILING SE	ERVICE, INC.			
(Requestor's Name)				
3320 S.W. 87th AVENUE				
(Address)		400	-09/09/99 <u>-</u> 0	4147
MIAMI, FLORIDA (305)552- (City, State, Zip) (Pho	-59/3		-09/09/990 *****78.75	1047024
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NEW FILINGS	AMENDME	ENTS	ASE 7	
Profit	Amendment		NAY OF	
NonProfit	Resignation of R	.A., Officer/Director		
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OTHER FILINGS	REGISTRATIO		SEP SEP	
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ARTICLES OF INCORPORATION

	LED
JJ SEP -	Q n
TALL ASTAR	TH 12: 11 THE STATE SEE, FLORIS
AMASS	SEE, FI DATE

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of

	ARTICLE I NAME	
The name of the corp		
	lade Billing Services, Cosp.	
	<i></i>	and the second section of
	ARTICLE II PRINCIPAL OFFICE	
The principal place of	f business and mailing address of this corporation shall be:	
	935 1 10 1 1 101	
	935 W 49 st +106 Higleah F1 33012	. +
		<u>a</u>
		entropy of the second of the s
	ARTICLE III SHARES	
Herb		
outstanding at any on	of stock that this corporation is authorized to have the time is:	
	. 100	

The name and address of the initial registered agent is:

ARTICLE V INCORPORATOR(S)

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

Incorporation is(are):	•			
Carlos A. Pi 933 11 49 St \$106				
435 W 49 St #105-				
			<u></u>	
	3.7			
	ARTICLE VI DIRECTOR(S	1		• **-
(C105 A	address(cs) of the director(s) to the			
		· · · · · · · · · · · · · · · · · · ·		
The undersigned incor	porator(s) has (have) executed the	ese Articles of Inco	rporation	
		Signature		# 1
		Signature		0-3
		Signature	<u>निंद</u>	P S

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT

REGISTERED AGENT