

TRANSMITTAL LETTER

P990000095/22

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

600003025836--4
-10/27/99--01031--010
*****78.75 *****78.75

SUBJECT: Medical Billing Solutions, Inc.
(Proposed corporate name - must include suffix)

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: Jennifer P. Larson
Name (Printed or typed)

114 Lost Bridge Drive
Address

Palm Beach Gardens, FL
City, State & Zip

561-626-1686
Daytime Telephone number

99 OCT 27 AM 11:46
FILED
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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

ajc 10/28

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:

Medical Billing Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4521 P.G.A. Blvd., Suite 235
Palm Beach Gardens, FL 33418

ARTICLE III SHARES

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

10,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jennifer P. Larson
114 Lost Bridge Drive
Palm Beach Gardens, FL 33410

ARTICLE V INCORPORATOR

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

Jennifer P. Larson
114 Lost Bridge Drive
Palm Beach Gardens, FL 33410

Jennifer P. Larson
Signature/Incorporator

October 25, 1999
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

Jennifer P. Larson
Signature/Registered Agent

October 25, 1999
Date

FILED
99 OCT 27 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA