## TRANSMITTAL LETTER

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

00003030930--6 -11/01/99--01103--013 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

| 1 anamasso, 1 L 525 x .                 |                                  |   | districtions & China a con-                         |                |             |          |
|---|----------------------------------|---|---|----------------|-------------|----------|
| SUBJECT: ACC                            | CUBILL Billing                   | Services d corporate name - must includ | e suffix)   |                |             |          |
|   | oceedors)                        | d corborate mune man man                | · · · · · · · · · · · · · · · · · · ·               |                |             |          |
|   | -                                |   |   |                |             |          |
| Enclosed is an original a               | nd one(1) copy of the arti       | cles of incorporation and a             | check for :   | <del>-</del> 1 |             |          |
| ☐ \$70.00<br>Filing Fee                 | \$78.75 Filing Fee & Certificate | □\$122.50 Filing Fee & Certified Copy   | ☐ \$131.25 Filing Fee, Certified Copy & Certificate |                |             |          |
|   |                                  | ADDITIONAL CO                           | PY REQUIRED   |                |             |          |
| FROM:                                   | Toshia Drumi<br>Name             | MOND<br>e (Printed or typed)            | · ·   |                |             |          |
| _                                       | 3731 N.W. 74                     | h place<br>Address                      |   | SECRETA        | . NON 6661  | <b>三</b> |
| <br>                                    | FF. Lauderdalc<br>954) 792-1184  | FL 3331/<br>ity, State & Zip            |   | RY OF STA      | -1 PM 2: 11 | TILED    |
|   | 954) 792-1184<br>Daytim          | ne Telephone number                     |   | AIE A          | 10          |          |
| ashia Drummond<br>AUTHORIZATION BY PHON | GAVE<br>NE TO                    | -<br>                                   |   |                |             | _        |
| CORRECT I, II                           |                                  |   |   |                |             |          |
| DATE 11-2<br>DOL EXAM GT                |                                  | <u>-</u>                                | TV .  |                | _           |          |
|   | <del></del>                      |   | A. Howell N(  | )V 2           | 1999        |          |
| · NO                                    | TE: Please provide the           | e original and one copy o               | f the articles.                                     |                |             |          |

1999 NOV -1 PM 2: 10

## SECRETARY OF STATE TALLAHASSEE, FLORIDA

## 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: ACCUBILL BILLING Services, Inc.   |
|--|
| ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  3131 N.W. 7th place Ft. Laudevdak Ft. 1331/  |
| ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  5   |
| ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS  The name and Florida street address of the initial registered agent are:  3 131 NW. 7th place Ft. Lauderdale Ft. 33311  Toshia Drummond  |
| ARTICLE V INCORPORATOR  The name and address of the incorporator to these Articles of Incorporation are:  Toshia Drummond 3131 N.W. 7th place, Ft. Laudev dale, Ft. 33311  Vincent Ashley 3131 N.W. 7th place, Ft. Lauderdale, Ft. 33311 |
| Asher Ashley 3731 N. M. Propose, Pt. Lauderlieu, Pt. 393)  |
| fineur Signature Incorporator  Date  |

(An additional article must be added if an effective date is requested.)

| TT - 1   |  |
|--|--|
|  | vice of process for the above stated corporation at the place designated in this |
|  | l agent and agree to act in this capacity. I further agree to comply with the    |
| provisions of all statutes relating to the proper and co | mplete performance of my duties, and I am familiar with and accept the           |
| obligations of my position as registered agent (/        |  |
| obligations of my position as registered agent           | 10/22/44   |

Signature/Registered Agent

Date