

PO 7000122978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

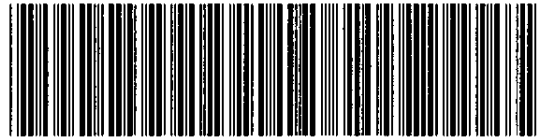
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

COVER LETTER

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

SUBJECT: MEDICAID CONSULTING SERVICES, INC.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: MEDICAID CONSULTING SERVICES, INC.

Name (Printed or typed)

1720 S.W. 98 CT

Address

MIAMI, FL 33165

City, State & Zip

(305) 588-1053

Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

MEDICAID CONSULTING SERVICES *inc*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1720 S.W. 98 CT
MIAMI, FL 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTING SERVICE TO MEDICAID PROVIDERS

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ELIZABETH SARDINA PRESIDENT
7649 N.W. 182 TERR.
MIAMI, FL 33015

GILFREDO I. MUGARRA VICE-PRES.
1720 S.W. 98 CT.
MIAMI, FL 33165

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

GILFREDO I. MUGARRA
1720 S.W. 98 CT
MIAMI, FL 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GILFREDO I. MUGARRA
1720 S.W. 98 CT.
MIAMI, FL 33165

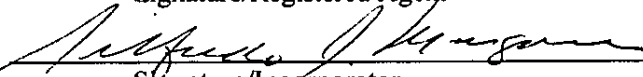
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

Nov 9, 2007

Date



Signature/Incorporator

Nov 9, 2007

Date

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TALLAHASSEE, FLORIDA