

1/25/2021

P2100005470

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : MEDICAL BILLING CONSULTANTS, INC.
 Account Number : I2020000206
 Phone : (305)463-6690
 Fax Number : (305)463-6693

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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FLORIDA PROFIT/NON PROFIT CORPORATION
ABA Services Specialist Inc

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

61

FILED
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Electronic Filing Menu

Corporate Filing Menu

Help

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: ABA Services Specialist, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

8344 Drycreek Dr

Mailing address, if different is:

Tampa, FL 33615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roberto J. Silva Salgado/P Name and Title: _____

Address 8344 Drycreek Dr Address: _____

Tampa, FL 33615

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2021 JAN 26 PM 4:39
FALL WINDS OF TIME

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Roberto J. Silva Selgado
 Address: 8344 Drycreek Dr
Tampa, FL 33615

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Roberto J. Silva Selgado
 Address: 8344 Drycreek Dr
Tampa, FL 33615

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 P. 11-6-21

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 Required Signature/Registered Agent 01/26/2021
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 Required Signature/Incorporator 01/26/2021
Date