

3/5/2021

P210 0002 1150

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.
Account Number : I20200000206
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: Joytherealtor777@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Growing Hearts Inc

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2021 MAR - 8 AM 9:47
CORPORATIONS
DIVISION OF COMMERCIAL
REGISTRATION SERVICES

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

ARTICLE I NAMEThe name of the corporation shall be: Growing Hearts Inc**ARTICLE II PRINCIPAL OFFICE**

Principal street address

550 SE Port St Lucie Blvd

Mailing address, if different is:

Port St Lucie, FL 34984**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: 1**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Yoelmy Santana / President Name and Title:Address: 550 SE Port St Lucie Blvd Address:Port St Lucie, FL 34984

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Yoelmy SantaneAddress: 550 SE Port St Lucie Blvd
Port St Lucie, FL 34984ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: Yoelmy SantaneAddress: 550 SE Port St Lucie Blvd
Port St Lucie, FL 34984FILED
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TALLAHASSEE, FLORIDAARTICLE 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 Agent03/05/2021
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/Incorporator03/05/2021
Date