

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.
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Email Address: Joytherealtor777@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Growing Hearts Inc

Certificate of Status	0
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Page Count	01
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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: 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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TALLAHASSEE, FLORIDA

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: Yoelmy Santana
 Address: 550 SE Port St Lucie Blvd
Port St Lucie, FL 34984

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Yoelmy Santana
 Address: 550 SE Port St Lucie Blvd
Port St Lucie, FL 34984

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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

03/05/2021
 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/Incorporator

03/05/2021
 Date