3/10/2021 Division of Corporations

P21000022294

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 : I20200000206
Phone : (305)463-6690
Fax Number : (305)463-6693

2021 MAR 11 AM 9:38

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

Email Address: pbbehavior@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Professional Behavior Analysis Inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

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RECEIVED

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: Professional Behavior Analysis Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

6105 Memorial Hwy.
Suite A-7
Tampa, FL 33615

Mailing address, if different is:

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: Luisa M. Hernandez Lopez/P

Address 6105 Memorial Hwy.
Suite A-7
Tampa, FL 33615

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

2021 MAR 11 PM 9:39

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: Luisa M. Hernandez Lopez

Address: 6105 Memorial Hwy. Suite A-7
Tampa, FL 33615

ARTICLE VII INCORPORATOR

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

Name: Luisa M. Hernandez Lopez

Address: 6105 Memorial Hwy. Suite A-7
Tampa, FL 33615

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

_____ 03/10/2021
Required Signature/Registered Agent 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.

_____ 03/10/2021
Required Signature/Incorporator Date

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