

P21000028965

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 : 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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Connection ABA Specialist Corp

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

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: CONNECTION ABA SPECIALIST CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
3021 32nd ST. SW

Mailing address, if different is:

LEHIGH ACRES, FL. 33976

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: ELAINE E. BUITRAGO AQUILAR / P

Name and Title: MAYTE DELGADO / VP

Address 14255 SW 100 LN

Address: 3021 32nd ST SW

MIAMI, FL. 33186

LEHIGH ACRES, FL 33976

Name and Title: ELIUCES B. CISNERO AGUILAR / VP

Name and Title: _____

Address 14255 SW 100 LN

Address: _____

MIAMI, FL. 33186

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: ELAINE E. BUITRAGO AGUILAR
Address: 14255 SW 100 LN
MIAMI, FL. 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MAYTE DELGADO
Address: 3021 32nd ST. SW
LEHIGH ACRES, FL. 33976

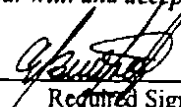
ARTICLE VIII EFFECTIVE DATE:

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.)

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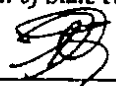
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

03/25/2021
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

03/25/2021
Date