

3/17/2021

P21000029460

Division of Corporations  
Florida Department of State  
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 : 120200000206  
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: advancedtmc@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Advanced TCM Corp**

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

2021 APR -1 PM 4:58

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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: Advanced TCM Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:  
18600 Sw 100th St  
Miami, FL 33196

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: Julio Delgado / P Name and Title: \_\_\_\_\_  
Address 18600 Sw 100th St Address: \_\_\_\_\_  
Miami, FL 33196

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 AGENT**

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

Name: Julio Delgado

Address: 18600 SW 100th St  
Miami, FL 33196

**ARTICLE VII INCORPORATOR**

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

Name: Julio Delgado

Address: 18600 SW 100th St  
Miami, FL 33196

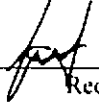
**ARTICLE VIII EFFECTIVE DATE:**

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.)

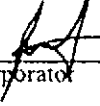
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

03/17/2021  
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

03/17/2021  
Date