

5/12/2021

P21 0000 43370

Division of Corporations
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

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

Email Address: yurimagiv@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION**ABA Specialist of FL Inc**

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 NAMEThe name of the corporation shall be: ABA Specialist of FL Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

201 Bonnie Blvd.Apt 126Palm Spring, FL 33461**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: Yurima Giv Zaldivar /p

Name and Title: _____

Address 201 Bonnie Blvd.

Address: _____

Apt 126Palm Spring, FL 33461Name and Title: Odalys Gomez Cu/VP

Name and Title: _____

Address 6832 SW 21 ST

Address: _____

Miramar, FL 33023

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 MAY 12 PM 4:38

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: Yurima Giv Zaldivar
Address: 201 Bonnie Blvd. Apt 126
Palm Spring, FL 33461

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Yurima Giv Zaldivar
Address: 201 Bonnie Blvd. Apt 126
Palm Spring, FL 33461

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

05/12/2021
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

05/12/2021
Date