

6/24/2021

Division of Corporations

**P2100059663**

Florida Department of State  
Division of Corporations  
Business Registration Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H21000247799 3)))



H210002477993AB08

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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 JUN 25 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Email Address: AYMforkids@gmail.com

## FLORIDA PROFIT/NON PROFIT CORPORATION

AYM For Kids Inc

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

2021 JUN 24 PM 11:30

[Electronic Filing Menu](#)
[Corporate Filing Menu](#)
[Help](#)

JUN 25 2021

T. SCOTT

**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: AYM for Kids, Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address  
2896 Via Vellaria

Mailing address, if different is:

Lake Worth, 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: 3**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Ramon Alexander Sanchez (President)Name and Title: Miguel Sanchez (V-President)Address: 2896 Via VellariaAddress: 2896 Via VellariaLake Worth, FL 33461Lake Worth, FL 33461Name and Title: Yamirka Garcia-Perez (Treasure)

Name and Title: \_\_\_\_\_

Address: 2896 Via Vellaria

Address: \_\_\_\_\_

Lake Worth, FL 33461

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

2021 JUN 25 PM 12:59  
CLERK OF DISTRICT COURT  
FALL WASSER, 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: Miguel Sanchez  
Address: 2896 Via Vellaria  
Lake Worth, FL 33461

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Miguel Sanchez  
Address: 2896 Via Vellaria  
Lake Worth, 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

06/24-2021  
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

06/24-2021  
Date