

8/18/2021

P21000076603

Division of Corporations

**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: Carlyn31@hotmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

N & C Therapy Solutions Inc

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

Electronic Filing Menu

Corporate Filing Menu

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JENNIS
AUG 27 2021

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: N & C Therapy Solutions Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address8475 SW 43RD STMiami, FL 33155

Mailing address, if different is:

ARTICLE III PURPOSEThe 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: Carilyn Hernandez (P)Address: 8475 SW 43RD STMiami, FL 33155Name and Title: Niurka Garcia Mendiola (VP)Address: 249 NW 40 CTMiami, FL 33126

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Carlyn Hernandez
Address: 8475 SW 43RD ST
Miami, FL 33155

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Niurka Garcia Mendiola
Address: 249 NW 40 CT
Miami, FL 33126

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

08/18/2024
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

08/18/2024
Date