

11/10/2021 3:55 PM

Division of Corporations

**P21000095793**

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 : 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: promotingpb@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION****Promoting Positive Behavior Inc**

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

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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: Promoting Positive Behavior Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address  
8209 Malvern CirMailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_Tampa, FL 33634**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: Yelena Milagros Fuentes Diaz / P

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

Address 8209 Malvern CirAddress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Tampa, FL 33634

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

2021 NOV 10 20:11:58  
STATE

FILED

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: Yelena Milagros Fuentes Diaz  
Address: 8209 Malvern Cir  
Tampa, FL 33634

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

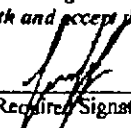
Name: Yelena Milagros Fuentes Diaz  
Address: 8209 Malvern Cir  
Tampa, FL 33634

**ARTICLE VIII EFFECTIVE DATE:**

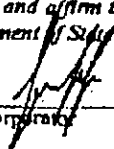
Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

	11/10/2021
Required Signature/Registered Agent	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.*

	11/10/2021
Required Signature/Incorporator	Date