

12/28/21, 4:33 PM

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: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
DILI RBT THERAPY INC**

Certificate of Status	0
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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: DILI RBT THERAPY INC**ARTICLE II PRINCIPAL OFFICE**Principal street address7509 Meadow DrTampa, FL 33634

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: 1**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Dilianis Rodriguez Munoz / P

Name and Title: _____

Address 7509 Meadow Dr

Address: _____

Tampa, FL 33634

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY
TALLER
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REC'D
11

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: Dilianis Rodriguez Munoz
Address: 7509 Meadow Dr
Tampa, FL 33634

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Dilianis Rodriguez Munoz
Address: 7509 Meadow Dr
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.

I 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 this appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent
12/28/2021
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
12/28/2021
Date

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SECRETARY OF STATE
TALLAHASSEE, FL