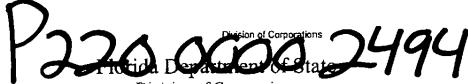
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Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Page: 2 of 4

Fax Number : (850)617-6381

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : 120200000206 : (305)463-6690 Phone Fax Number : (305)463-6693

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

FLORIDA PROFIT/NON PROFIT CORPORATION

JYH Services Corp

Certificate of Status	0
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Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help D. O'KEEFE JAN 12 2022

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

TICLE II PR	INCIPAL OFFICE			
RTICLE II PRINCIPAL OFFICE Principal street address 185 W 51 PI			Mailing address, if different is:	
leah, FL 3301		-	 	
FICLE III PUI purpose for which		ny and all lawful business.		
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Name a	and Title:	Name and Title:
Address		
	REGISTERED AGENT	
Name:	Florida street address (P.O. Box NOT a Jorge Hernandez	coeptable) of the registered agent is:
Address:	1185 W 51 PI	
	Hialeah, FL 33012	
ARTICLE VII	<u>INCORPORATOR</u>	SECRETAR ALLAHASS
The <u>name and a</u>	ddress of the Incorporator is:	\$ <u>\$</u>
Name:	Jorge Hemandez	
Address:	1185 W 51 PI	PH I: 1 EE, FLORI
	Hialeah, FL 33012	
Effective date, if (If an effective of filing.)		(OPTIONAL) and cannot be more than five days prior or 90 days after the
the document's c	e inserted in this block does not meet the effective date on the Department of Stati	e applicable statutory filing requirements, this date will not be listed as c's records.
Having been non certificate, I am j	ned as registered agent to accept service familiar with and accept the gripointmen	of process for the above stated corporation at the place designated in this It as registered agent and agree to act in this capacity
	Jung	01/11/2022
	Required Signature/Registered	Agent Date
I submit this doc document to the i	cument and affirm that the facts stated Department of State constitutes a third d	herein are true. I am aware that the false information submitted in a legree felony as provided for in s.817.155, F.S.
	Samp	01/11/2022
Required Signatu	re/Incorporato	Date