

1/11/22, 11:31 AM

P220 0000 2494

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing 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.

((H22000013825 3)))



H220000138253ABCX

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

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

Email Address: Jorge.yasmani@hotmail.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JAN 11 PM 1:18

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION

JYH Services Corp

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

2022 JAN 11 PM 12:20

RECEIVED

[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)

ARTICLE I NAMEThe name of the corporation shall be: JYH Services Corp**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
1185 W 51 PI

Mailing address, if different is:

Hialeah, FL 33012**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: Jorge Hernandez / P

Name and Title: _____

Address 1185 W 51 PI

Address: _____

Hialeah, FL 33012

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2022 JAN 11 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Jorge Hernandez
 Address: 1185 W 51 PI
Hialeah, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jorge Hernandez
 Address: 1185 W 51 PI
Hialeah, FL 33012

FILED
 2022 JAN 11 PM 1:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

01/11/2022

 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

01/11/2022

 Date