

2/9/22 4:39 PM

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 : 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****ABA Effects 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: ABA Effects Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address3900 Woodlake BlvdSuite 306cGreenacres, FL 33463

Mailing address, if different is:

**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 Yasmani Hernandez / P

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

Address

3900 Woodlake Blvd

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

Suite 306cGreenacres, FL 33463

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

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

Address

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

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

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

Address

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

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 Yasmani Hernandez  
Address: 3900 Woodlake Blvd, Suite 306c  
Greenacres, FL 33463

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jorge Yasmani Hernandez  
Address: 3900 Woodlake Blvd, Suite 306c  
Greenacres, FL 33463

**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

02/09/2022

\_\_\_\_\_  
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

02/09/2022

\_\_\_\_\_  
Date