

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P22000023890

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Division of Corporations
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CORPORATIONS
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*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION MEDICAL COLLECTION COLLECTOR INC

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

HL

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: MEDICAL COLLECTION COLLECTOR INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: SONIA S. HURTADO VERGES
Name (Printed or typed)

5091 NW 7th ST APT 615

Address

MIAMI, FL 33126

City, State & Zip

(786)828-4330

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME MEDICAL COLLECTION COLLECTOR INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICEPrincipal street address

5091 NW 7th ST APT 615

MIAMI, FL 33126

Mailing address, if different is:

SAME ADDRESS

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:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SONIA S. HURTADO VERGES. P

Address: 5091 NW 7th ST APT 615

MIAMI, FL 33126

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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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: SONIA S. HURTADO VERGES
 Address: 5091 NW 7th ST APT 615
 MIAMI, FL 33126

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: SONIA S. HURTADO VERGES
 Address: 5091 NW 7th ST APT 615
 MIAMI, FL 33126

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/30/2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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.

_____	03/30/2022
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.

_____	03/30/2022
Required Signature/Incorporator	Date

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