

P2200005169

Division of Corporations
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((H22000117210 3)))



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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: AdvanceabaCorp@gmail.com

RECEIVED

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Advance ABA Corp

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April 1, 2022

FLORIDA DEPARTMENT OF STATE

MEDICAL BILLING CONSULTANTS INC Division of Corporations

SUBJECT: ADVANCE ABA CORP
REF: W22000042400

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings SectionFAX Aud. #: H22000117210
Letter Number: 522A000076282022 APR -4 AM 1:59
FILED

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Advance ABA Corp**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address3900 Woodlake BlvdSuite 306cGreenacres, FL 33463

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: Jose Antonio Gutierrez / 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: _____

2022 APR -14 AM 1:59

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: Jose Antonio Gutierrez
Address: 3900 Woodlake Blvd, Suite 306c
Greenacres, FL 33463

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: Jose Antonio Gutierrez
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

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

Date

2022 APR -4 AM 1:59
TALL