

6/7/22, 5:00 PM

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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: zunildadiazn@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Happy Communication Inc

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

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2022 JUN -8 AM 7:49

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Happy Communication Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address
5560 W 21CT
APT 108

Mailing address, if different is:

Hialeah, FL 33016**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: Zunilda Diaz Nunez / P

Name and Title: _____

Address 5560 W 21CT

Address: _____

APT 108Hialeah, FL 33016

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: Zunilda Diaz Nunez
 Address: 5560 W 21CT, APT 108
Hialeah, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Zunilda Diaz Nunez
 Address: 5560 W 21CT, APT 108
Hialeah, FL 33016

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: 06/07/2022

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: 06/07/2022

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