

6/21/22, 4:34 PM

P220000050769

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.

(((H22000214648 3)))



H220002146483ABC

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: stephysanchez714@gmail.com

RECEIVED

2022 JUN 21 PM 5:39

REGISTRATION
COMMERCIAL
CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION**Your Health In Writing Corp**

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

2022 JUN 21 PM 1:26

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Your Health In Writing Corp**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
8996 NW 187th St

Mailing address, if different is:

Hialeah, FL 33018**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: Stephanie Sanchez / P

Name and Title: _____

Address 8996 NW 187th St

Address: _____

Hialeah, FL 33018

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2022 JUN 21 PM 1:26
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06-21-2022 BY 60322

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: Stephanie Sanchez
Address: 8996 NW 187th St
Hialeah, FL 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stephanie Sanchez
Address: 8996 NW 187th St
Hialeah, FL 33018

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

06/21/2022
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

06/21/2022
Date

2022 JUN 21 PM 12:26