

11/17/22, 2:50 PM

Division of Corporations
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 Division of Corporations
 Electronic Filing Cover Sheet

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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.****

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FLORIDA PROFIT/NON PROFIT CORPORATION
ABA FRIENDS INC

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

Electronic Filing Menu

Corporate Filing Menu

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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: ABA FRIENDS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
8118 SW 163 PLMailing address, if different is:

_____Miami, FL 33193**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: 2**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Sheila, Beaton Fernandez / P

Name and Title: _____

Address 8118 SW 163 PL

Address: _____

Miami, FL 33193Name and Title: Evelyn, Hernandez Aguilera / VP

Name and Title: _____

Address 8118 SW 163 PL

Address: _____

Miami, FL 33193

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Sheila, Beaton Fernandez
Address: 8118 SW 163 PL
Miami, FL 33193

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Sheila, Beaton Fernandez
Address: 8118 SW 163 PL
Miami, FL 33193

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 11/17/2022
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 11/17/2022
Date