

12/1/22, 3:38 PM

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Division of Corporations

Florida Department of State
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 : 120200000206
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: inquisidor406@yahoo.es

FLORIDA PROFIT/NON PROFIT CORPORATION
O & M Behavior Solutions Corp

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 01 |
| Estimated Charge | \$70.00 |

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Corporate Filing Menu

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J. FASON

DEC 01 2022

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: O & M Behavior Solutions Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address
6420 SW 160 CTMailing 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: Oswaldo. Perdomo / P

Name and Title: _____

Address 6420 SW 160 CTAddress: _____

_____Miami, FL 33193Name and Title: Oswaldo C. Perdomo / VP

Name and Title: _____

Address 6420 SW 160 CTAddress: _____

_____Miami, FL 33193

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Osvaldo, Perdomo
Address: 6420 SW 160 CT
Miami, FL 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Osvaldo, Perdomo
Address: 6420 SW 160 CT
Miami, FL 33193

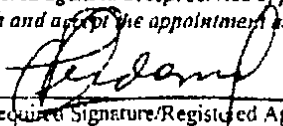
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

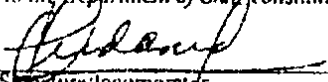
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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:

 12/01/2022
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.

 12/01/2022
Required Signature/Incorporator Date

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