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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 : 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: ailin.chico@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION

SpotLight Therapy Corp

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

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D. O'KEEFE

DEC 28 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: SpotLight Therapy Corp**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address8873A Fontainebleau BlvdAPT 101Miami, FL 33172

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: Aylin, Fabregas Chico / PAddress 8873A Fontainebleau BlvdAPT 101Miami, FL 33172

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Aylin Fabregas Chico
 Address: 8873A Fontainebleau Blvd, APT 101
Miami, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Aylin Fabregas Chico
 Address: 8873A Fontainebleau Blvd, APT 101
Miami, FL 33172

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
 12/23/2022
 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
 12/23/2022
 Date

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