

5/15/23, 10:36 AM

To:

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.

(((H23000179628 3)))



H230001796283ABC5

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: ABAINAction @



Electronic Filing Menu Corporate Filing Menu

Hclp

2023-05-15 15:06:48 GMT

13054636693

i

ARTICLES OF INCORPORATION

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

nie of the corp					
Hid	NCIPAL OFFICE Principal <u>street</u> address SEN CT F	<u>5</u> 2		Mailing address,	
114000	d, FL 33	023_		۵٬۰۰۰ میلید بر بریون میلید در با با بریون میلید میلید بر میلید این میلید میلید بر میلید این میلید میلید میلید م میلید بریون میلید بریون میلید بریون میلید میل	
The fill PUP of the second sec	RPOSE the corporation is org	ganized is:	my and :	ell Jan	Full busine
					· · · · · · · · · · · · · · · · · · ·
16117 <u>61</u> 1	1055				
<u>LEIV SH</u> nber of shares	ares of stock is: 3				
LE IV SHA nber of shares LE V INT	1055	OR DIRECTOR	<u></u>		
LE IV SHA nber of shares LE V INT	ARES of stock is: <u>3</u>	VOR DIRECTOR	<u>≤</u> Name and Ti	itle:	
LE IV SH, nber of shares LE V INF Name and T	ARES of stock is: <u>3</u> TIAL OFFICERS AND	VOR DIRECTOR Brando Jen CT P	Name and Ti	itle:	
LE IV SH, nber of shares LE V INI Name and T Address	ARES of stock is: <u>3</u> TIAL OFFICERS AND TILL: M2-2 V. 134 Hidd Halywoo	VOR DIRECTOR Brando Jen CT R Dd, FL 3	20 Name and Ti 20 Address: 3023	itle:	
LE IV SH, nber of shares LE V INI Name and T Address	ARES of stock is: <u>3</u> TIAL OFFICERS AND TILL: M2-2 V. 134 Hidd Halywoo	VOR DIRECTOR Brando Jen CT R Dd, FL 3	Name and Ti 20 Address: 33023	itle:	
LE IV SHA nber of shares LE V INT Name and T Address Name and Ti	ARES of stock is: <u>3</u> TIAL OFFICERS AND TILL: M2-2 V. 134 Hidd Halywoo	VOR DIRECTOR Brando Jen CT R Dd, FL 3	20 Name and Ti 20 Address: 3023	itle:	
LE IV SH, nber of shares LE V INT Name and T Address	IRES of stock is: 3 <u>FIAL OFFICERS AND</u> itle: <u>M2-iz V.</u> 134 Hidd Hollywoo	VOR DIRECTOR Brando Jen CT M ad, FL 3	S Name and Ti Address: Address: Soz 3 Name and Ti Address: Address:	itle:	
LE IV SH, nber of shares LE V INT Name and T Address Name and Ti	1RES of stock is: 3 <u>FIAL OFFICERS AND</u> iille: <u>M2-iz V.</u> 134 Hidd Hollywoo tle:	VOR DIRECTOR Brando Jen CT M ad, FL 3	Name and Ti Address: Address: Address: Address: Name and Ti Address: Name and Ti	itle:	

.

Page:6 of 6	2023-05-15 15:06:48 GMT	13054636693	From Luciano Puentes
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:

Maria V. Brandon Name: 134 Hidden CT RD Address: Hollywood, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:	Maria V. Brandon
Address:	134 Hidden et RD
	Hollywood, FL 33023

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 tiling requirements, this date will not be listed as the document's effective date on the Department of State's records.

33023

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

then the
HALLOW?
Kequired Signature/Registered Agent

05/15/2023

023 HAY 15 AM 10: 04

S

I submit this document and affirm that the facts stated herein are true. I am aware that the fulse information submitted in a document to the Dopartment of State constitutes a third degree felony as provided for in s.817.155, F.S.

Erporator Required Signa

Date 05/15/2023

.