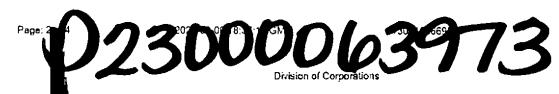
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Florida Department of State

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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.\*\*

## FLORIDA PROFIT/NON PROFIT CORPORATION M&M ABA Services Corp

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Help

From: Luciano Pue

To:

## ARTICLES OF INCORPORATION

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

The name of the corporation	n shall be: <u>M&amp;M_ABA</u>	Services Corp	* ************************************
ARTICLE II PRINCIF 2548 W 64 <sup>4h</sup> F	PAL OFFICE incipal street address	2548 W 6	ddress, if different is:
Hialeah, FL	33016	Hialcah,	FL 33016
ARTICLE III PURPOS The purpose for which the	$\frac{E}{\text{corporation is organized is:}}$	and any lawf	Pul Business
***************************************			2023
			SEP -
ARTICLE IV SHARES The number of shares of sto	ock is: <u>1</u>		(·) —
	OFFICERS AND/OR DIRECTORS		
Address 2	Maykel Molina Presid 1548 w 64 <sup>th</sup> , PL Vialeah, FL-33016	Address:	
Name and Title:		Name and Title:	
Address			
_			
Name and Title:		Name and Title:	
Address			
-			

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NO Name: May Kel Holina  Address: 2548 W 64 <sup>th</sup> P.  Hialeah FL 3301	Z023 S
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Maykel Moline  Address: 2548 W 64	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specifiling.)	. (OPTIONAL) cific and cannot be more than five days prior or 90 days after the
the document's effective date on the Department of :  Having been named as registered agent to accept serv	at the applicable statutory filing requirements, this date will not be listed as State's records.  State's records.  State's records.  State's records.  State's records.  State of process for the above stated corporation at the place designated in this ment as registered agent and agree to act in this capacity
Renfired Signal (**/Regist	$\sim 1.4$
document to the Department of State constitutes a the  Required Signature Incorporator	