

9/6/23, 2:24 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 : I2020000206
Phone : (305)463-6690
Fax Number : (305)463-6693

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DIVISION OF STATE
CORPORATIONS

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: m.mabaseriv@gmail.com

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

Certificate of Status	0
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DIVISIONS
CORPORATIONS

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

ARTICLE I NAME

The name of the corporation shall be: M&M ABA Services Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address: 2548 W 64th PL, Hialeah, FL 33016

Mailing address, if different is: 2548 W 64th PL, Hialeah, FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All and any lawful Business

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SOUTH FLORIDA SECRETARY OF STATE

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maykel Molina / President
Address: 2548 W 64th PL, Hialeah, FL - 33016

Name and Title:
Address:

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 NOT acceptable) of the registered agent is:

Name: Maykel Molina
 Address: 2548 W 64th PL
Hialeah, FL 33016

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 DEPARTMENT OF STATE
 TALLAHASSEE, FL

FILED

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Maykel Molina
 Address: 2548 W 64th PL
Hialeah, FL 33016

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 9/6/23
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 9/6/23
Date