

10/17/23, 1:10 PM

Division of Corporations

P23 000074200

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.

(((H23000363018 3)))



H230003630183ABC

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

2023 OCT 17 PM 2:38
RECEIVED
DIVISION OF 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: alexisperera.md@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION

ABC Learn & Behave Inc

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

2023 OCT 17 PM 5:02

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: ABC Learn & Behave Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

7016 SW 69th Ave7016 SW 69th AveMiami, FL 33143Miami, FL 33143**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: All and any lawful business**ARTICLE IV SHARES**The number of shares of stock is: 1**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Alexis Perera / President Name and Title: _____Address: 7016 SW 69th Ave Address: _____
Miami, FL 33143

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2023 OCT 17 PM 5:11

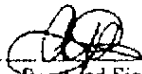
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Alexis PereraAddress: 7016 SW 69th AveMiami, FL 33143**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Alexis PereraAddress: 7016 SW 69th AveMiami, FL 33143**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

10/17/23

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

10/17/23

Date

2023 OCT 17 PM 5:02