

PZ3000074257

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 : 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: precisionaba92@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Precision ABA Inc

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

RECEIVED
2023 OCT 17 AM 10:00
CLERK OF COURT
TALLAHASSEE, FL

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FILED

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Precision ABA Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

435 10th Ave W, Suite 206435 10th Ave W, Suite 206Palmetto, FL 34221Palmetto, FL 34221**ARTICLE III PURPOSE**The 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: Holly Rachel Baatz / President

Name and Title:

Address

435 10th Ave W, Suite 206

Address:

Palmetto, FL 34221

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FL

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: Molly Rachel BaatzAddress: 435 10th Ave W, Suite 206Palmetto, FL 34221**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Molly Rachel BaatzAddress: 435 10th Ave W Suite 206Palmetto, FL 34221**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*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

Date

2023 OCT 17 PM 3:10
 FILED
 SECRETARY OF STATE
 10/17/23