

P230000076172

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 : 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.

Email Address: otmaritza.doria.segura@gmail.com

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RECEIVED
DIVISION OF CORPORATIONS
STATE OF FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
MOTherapy Inc

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Estimated Charge | \$70.00 |

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OFFICE OF THE CLERK
STATE OF FLORIDA

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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: MOTherapy4 Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
10171 NW 32nd Ter

Doral, FL 33172

Mailing address, if different is:
10171 NW 32nd Ter

Doral, 33172

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: Maritza Doria Segura / President

Address 10171 NW 32nd Ter
Doral, FL 33172

Name and Title:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

2023 OCT 25 PM 4:07



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: Maritza Doria SeguraAddress: 10171 NW 32nd TerDoral, FL 33172**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Maritza Doria SeguraAddress: 10171 NW 32nd TerDoral, FL 33172**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 Agent10/20/23
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/Incorporator10/20/23
Date2023 OCT 25 AM 4:07
FILED
CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE, FL