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Division of Corporations

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: mayquio211@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Brainpower ABA Inc

Certificate of Status	0
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October 25, 2023

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MEDICAL BILLING CONSULTANTS, INC.

SUBJECT: BRAINPOWER ABA INC
REF: W23000146255

We have received your document for BRAINPOWER ABA INC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The title of the member listed in Article V is not provided in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Monique K Anderson
Regulatory Specialist II

FAX Aud. #: H23000369856
Letter Number: 923A00024856

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Brainpower ABA Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address12855 SW 136 Ave, STE 223Miami, FL 33186

Mailing address, if different is:

12855 SW 136 Ave, STE 223Miami, FL 33186**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: All and any law full business**ARTICLE IV SHARES**The number of shares of stock is: 1**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Adalberto Aguilera / PresidentAddress: 12855 SW 136 Ave, STE 223Miami, FL 33186

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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 OCT 26 2023

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: Adalberto Aguilera
 Address: 12855 SW 136 Ave, Suite 223
Miami, FL 33186

ARTICLE VII INCORPORATOR

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

Name: Adalberto Aguilera
 Address: 12855 SW 136 Ave, Suite 223
Miami, FL 33186

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
 Date: 10/23/23

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: 10/23/23