

1  
0/3/2023, 4:29 PM

**P23000078135**

Division of Corporations  
Florida Department of State  
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.

(((H23000377703 3)))



H230003777033ABC%

**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

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

Email Address: bluelifebusinesses@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Blue Life Services Inc**

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

Electronic Filing Menu

Corporate Filing Menu

Help

**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: Blue Life Services Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address  
18117 SW 139<sup>th</sup> PathMiami, FL 33177

Mailing address, if different is:

18117 SW 139<sup>th</sup> PathMiami, FL 33177**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:

Delma Falcon Cejas / President

Address

18117 SW 139<sup>th</sup> PathMiami, FL 33177

Name and Title:

Address:

Name and Title:

Magyulis Gonzalez Guevara / VP

Address

18117 SW 139<sup>th</sup> PathMiami, FL 33177

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED  
2023 NOV -6 PM 4:20  
CLERK OF DISTRICT COURT  
MIAMI, FL

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: Oilime Falcon Cejas  
Address: 18117 SW 139<sup>th</sup> Path  
Miami, FL 33177

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Oilime Falcon Cejas  
Address: 18117 SW 139<sup>th</sup> Path  
Miami, FL 33177

**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 10/30/23

*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 10/30/23