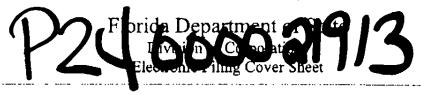
From: Luciano Puentes

3/27/24, 11:34 AM

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: yunitrka 1984@gmail.com

## FLORIDA PROFIT/NON PROFIT CORPORATION

## **FA Contract Corp**

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Help



ARTICLES OF INCORPORATION in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Address  Name and Title:  Name and Title:  Address  Address  Address:  Name and Title:  Address  Address  Address:	he name of the corpor	ation shall be: FA Contr	act Corp	
RTICLE IV SHARES be number of shares of stock is: 10  RTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title:	RTICLE II PRIN 16 th S	Principal <u>street</u> address T 5W	Mailing ac 3802 16 19 5	Idress, if different is:
RTICLE IV SHARES  The number of shares of stock is: 10  RTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Vuniverke Lopez Gonzalez/ame and Title:  Address  Address  Lehigh Acres, FZ 33976  Name and Title:  Name and Title:  Address  Address:  Name and Title:	ehigh Acre	s, FL 33976	Lehigh A	cres, FL 33976
Name and Title:	RTICLE III PURF he purpose for which	the corporation is organized is: Any	and all lawfo	d business
Name and Title:				
Address  Sou 16th ST SW Address:  Lehigh Acres, FZ 33976  Name and Title:  Address:  Name and Title:  Name and Title:  Name and Title:	e number of shares o	f stock is: 10		SECRETAL STATES
Name and Title:  Address:  Name and Title:  Name and Title:  Name and Title:		3802 165 ST SW	Address:	- 5 <b>- 5</b>
Address:  Name and Title:  Name and Title:		Lehigh Acres, FL 3		<del></del>
Name and Title:	Name and Title	·	Name and Title:	
	Address		Address:	
3 ddenee				<del></del>
			****	

:

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box	
Name: Yunievica Lop	oez Gonzalez
Address: 3802 18th ST Lehigh Acre	<u> 3</u>
Lehigh Acre	es, FL 33976
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Yuniorka Lo	pez Gonzakz
Address: 3802 16th 5	TSW
Lehigh Acro	es, FL 33976
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If un effective date is listed, the date must be	. (OPTIONAL) 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 the document's effective date on the Department	meet the applicable statutory fiting requirements, this date will not be listed as it of State's records.
	t service of process for the above stated corporation at the place designated in this pointment as registered agent and agree to act in this capacity
hulk	3/27/24
Section Synature R	egistered Agent Date
I submit this document and affirm that the fac	ts stated herein are true. I am aware that the false information submitted in a a third degree felony as provided for in s.817.155, F.S.
11	2/27/211
Required Signature/Lyndirposeur	Date 3/27/29
	III.
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