

To:

Page: 5 of 7

2024-04-29 18:05:59 GMT

11054636693

From: Luciano Puentes

4/24/24, 5:28

P24000029525

Florida Department of State
Division of Corporations
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.

((H24000150371 3)))



H240001503713ABCK

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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

AllanaS Corp

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

FILED
2024 APR 29 AM 11:16
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

[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:

Aliana ABA Therapy Corp**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
4802 N Mendenhall DrTampa, FL 33603Mailing address, if different is:
4802 N Mendenhall DrTampa, FL 33603**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

All and any lawful business**ARTICLE IV SHARES**

The number of shares of stock is:

10**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Aliana Sotolongo/President

Name and Title:

Address

4802 N Mendenhall Dr

Address:

Tampa, FL 33603

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
2024 APR 29 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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: Aliana Sotolongo
Address: 4802 N Mendenhall Dr
Tampa, FL 33603

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Aliana Sotolongo
Address: 4802 N Mendenhall Dr
Tampa, FL 33603

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 4/24/24

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 4/24/24