

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)))



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 : (305)463-6690 Fax Number : (305)463-6693

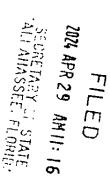
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION

AlianaS Corp

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)

RTICLE I NAME he name of the corporat	tion shall be: Aligna. ABA	Imag	oy Cor	<u>p</u>		
RTICLE II PRINC	FIPAL OFFICE Principal street address aden hall	•	lailing address, if		1 Dr	<u>-</u> _
Tampa, F.	4 33603	Tamp	a, FL 3	3603		
CTICLE III PURPO te purpose for which the	DSE he corporation is organized is: All Q	nd any	19WFul	busir	ne5s	<u>, , , , , , , , , , , , , , , , , , , </u>
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
			A 14 40 - 144 - 14			
TICLE IV SHARI e number of shares of	ES stock is: 10			SECRETARY ALI AHASSE	024 APR 29	<u></u>
	LOFFICERS AND/OR DIRECTORS /Pr	es; dent Name and Title:		मुंद्री मुंद्री	=	
Address	4802 N Mencenhall	L .		PRI:		_
	Tampa, FL 33603					
Name and Title:		Name and Title:				_
Address		Address:				_
Name and Title:		Name and Title:				
Address						
		-			··	
		· <u>-</u>				

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	and the second of the second
The name and Florida street address (P.O. Box NOT	•
Name: Aligna Sotolon	<u>190</u>
Address: 4802 N Mencen	hall Or
Tampa, F/ 336	03
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Aliana Sotolo	man
Address: 4802 N Men	
Address: 4802 N Men	sen hall w
Tampa, +Z	<u>33603</u>
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	. (OPTIONAL)
	ific and cannot be more than five days prior or 90 days after the
filing.)	
Nate: If the date inserted in this block does not meet the document's effective date on the Department of St	the applicable statutory filing requirements, this date will not be listed as tate's records.
Having been named as registered agent to accept service certificate, I am familiar with and accept the appointm	ce of process for the above stated corporation at the place designated in this nent as registered agent and agree to act in this capacity
h u k	4/24/24
Required Significan Register	red Agent 9/24/24 Date
I submit this document and affirm that the facts stat document to the Department of State cognitutes a thir	led herein are true. I am awate that the false information submitted in a
144	4/24/24
Required Signature/Incorport	Date