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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.  
Account Number : I20070000019  
Phone : (518)689-1212  
Fax Number : (518)432-0742

**\*\*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**  
**Medical Alliance Courses Corporation**

Certificate of Status	0
Certified Copy	1
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RECEIVED  
2024 MAY 21 PM 2:55  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA  
COMMERCIAL  
REGISTRATION SERVICES

2024 MAY 21 PM 2:55

## **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:

***Medical Alliance Courses Corporation***

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

***9320 FOX TROT LANE, BOCA RATON, FL 33496***

### **ARTICLE III PURPOSE**

***COURSES FOR MEDICAL PROFESSIONALS***

### **ARTICLE IV SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ***200 No Par Value***

### **ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

***ALBINA GUZMAN, 9320 FOX TROT LANE, BOCA RATON, FL 33496***

### **ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

***ALBINA GUZMAN, President, 2675 E 7<sup>TH</sup> ST, APT 2G, BROOKLYN NY 11235***

***ELIZABETH RANELLI, Vice President, 30 WOODLAND AVE, STATEN ISLAND NY 10308***

**May 15, 2024**

*Having been named as registered agent to accept service of process for the above stated corporation at the place designed in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

**s/ ALBINA GUZMAN**

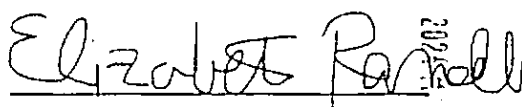
**ALBINA GUZMAN**

**Registered Agent**

*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.*

  
ALBINA GUZMAN

**Incorporator / President**

  
ELIZABETH RANELLI

**Incorporator / Vice President**