

7/3/24, 2:23 PM

Division of Corporations

P 24 000044769

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

The Kids Club Pediatric Center Corp

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

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DIVISION OF CORPORATIONS
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: The Kids Club Pediatric Center CorpARTICLE II PRINCIPAL OFFICEPrincipal street address
3485 W Flagler ST, Suite 100Miami, FL 33135

Mailing address, if different is:

3485 W Flagler ST, Suite 100Miami, FL 33135ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Any and all lawful business.ARTICLE IV SHARESThe number of shares of stock is: 10ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Jose A. Garcia Alonso / President

Address

3485 W Flagler ST, Suite 100Miami, FL 33135

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: Jose A. Garcia Alonso
Address: 3485 W Flagler ST, Suite 100
Miami, FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jose A. Garcia Alonso
Address: 3485 W Flagler ST, Suite 100
Miami, FL 33135

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 7/3/24
Date

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 7/3/24
Date