7/30/24, 1:14 PM Division of Corporations

P24000049867

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: _____

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
FILING SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION

Behavioral Therapy Service in Naples Inc

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)

ARTICLE I NAME
The name of the corporation shall be: Behavioral Therapy Service in Naples Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3630 22nd Ave NE
Naples, FL 34120

Mailing address, if different is:
3630 22nd Ave NE
Naples, FL 34120

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES
The number of shares of stock is: 20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Katia Foyo Rodriguez / President
Address: 3630 22nd Ave NE, Naples, FL 34120

Name and Title: Yarelis Lopez Alvarez / Vice-President
Address: 3630 22nd Ave NE, Naples, FL 34120

Name and Title:
Address:

Name and Title:
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: Katia Foyo Rodriguez

Address: 3630 22nd Ave NE
Naples, FL 34120

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Katia Foyo Rodriguez

Address: 3630 22nd Ave NE
Naples, FL 34120

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

_____ 7/30/24
Required Signature/Registered Agent 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.

_____ 7/30/24
Required Signature/Incorporator Date