

8/28/24, 11:38 AM

Division of Corporations

HH  
8.29.24

# Florida Department of State

# P2400055565

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: sanchezabrinis@gmail.com

## FLORIDA PROFIT/NON PROFIT CORPORATION

### MS Language Care Corp

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

RECEIVED

2024 AUG 28 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FL

24 AUG 28 AM 11:40

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-29-24 BY SP5/STP/STP

Electronic Filing Menu

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**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: MS Language Care Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4301 SW 102<sup>nd</sup> Ave  
Miami, FL 33165

Mailing address, if different is:  
4301 SW 102<sup>nd</sup> Ave  
Miami, FL 33165

**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: 10

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

Name and Title: Melkys Sanchez Abrines / President Name and Title:  
Address: 4301 SW 102<sup>nd</sup> Ave Address:  
Miami, FL 33165

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
24 AUG 28 AM 11:40  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF MIAMI

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: MelKys Sanchez Arbinas  
 Address: 4301 SW 102<sup>nd</sup> Ave  
Miami, FL 33165

24 AUG 28 AM 11:40  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MelKys Sanchez Arbinas  
 Address: 4301 SW 102<sup>nd</sup> Ave  
Miami, FL 33165

**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 8/28/24  
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 8/28/24  
Date