

10/30/24, 2:21 PM

Florida Department of State

PR4000067242

Florida Department of State
Division of Corporations
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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: hypnosishealingctr@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Hypnosis Healing Center Corp

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

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TALLAHASSEE, FL

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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: Hypnosis Healing Center Corp.**ARTICLE II PRINCIPAL OFFICE**Principal street address
2160 NW 18 STMiami, FL 33125

Mailing address, if different is:

2160 NW 18 STMiami, FL 33125**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: Dina Patricia Rodriguez Agramonte / President

Address

2160 NW 18 ST

Address:

Miami, FL 33125

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Diana Patricia Rodriguez Agramonte
Address: 2160 NW 18 ST
Miami, FL 33125

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Diana Patricia Rodriguez Agramonte
Address: 2160 NW 18 ST
Miami, FL 33125

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 AgentDate 10/30/24

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/IncorporatorDate 10/30/24