

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: vjuricelis@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Jewels of ABA Corp

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Jewels of ABA Corp.**ARTICLE II PRINCIPAL OFFICE**Principal street address1019 Archway DrSpring Hill, FL 34608

Mailing address, if different is:

1019 Archway DrSpring Hill, FL 34608**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:

Jurrielis N. Velez Arroyo / President

Address

1019 Archway Dr
Spring Hill, FL 34608

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

2024 DEC 12 PM 4:58
STATE
OFFICE

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: Jurielis N. Velez Arroyo
Address: 1019 Archway Dr
Spring Hill, FL 34608

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Jurielis N. Velez Arroyo
Address: 1019 Archway Dr
Spring Hill, FL 34608

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 Agent12/12/24
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/Incorporator12/12/24
Date