

1/7/2021

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Division of Corporations
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
Florida ABA Specialist Corp

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

2021 JAN -7 PM 4:38

2021 JAN -7 AM 7:17

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: Florida ABA Specialist Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address: 10381 SW 68TH LN
Mailing address, if different is:
Miami, FL 33173

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: 2

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tania Soto / President Name and Title: Maria Del Pilar Cardet Ibarra
Address: 10381 SW 68TH LN Address: 9022 SW 123 CT RD
Miami, FL 33173 Apt 101
Miami, FL 33186

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: Tania Soto
 Address: 10381 SW 68TH LN
Miami, FL 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maria Del Pilar Cardet Ibarra
 Address: 9022 SW 123 CT RD, Apt 101
Miami, FL 33186

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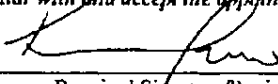
ARTICLE VIII EFFECTIVE DATE:

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.

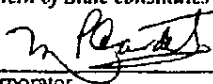
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

01/07/21
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

01/07/21
Date