

1/7/2021

P2100000/654

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 : I2020000206
Phone : (305)463-6690
Fax Number : (305)463-6693

2021 JAN -8 PM 4:03

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
South FL Community Services Inc

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

FLORIDA DEPARTMENT OF STATE

21 JAN -8 PM 5:41

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JAN 11 2021

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: South FL Community Services Inc

ARTICLE II PRINCIPAL OFFICE

2530 SW 87 AVE Principal street address

Mailing address, if different is:

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: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maikel Denis Suarez

Name and Title: _____

Address 1051 SW 1St ST

Address: _____

Apt 404

Miami, FL 33130

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

21 JAN - 6 PM 5:41
STATE OF FLORIDA
SECRETARY OF STATE

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: Maikel Denis Suarez
 Address: 1051 SW 1St ST, Apt 404
Miami, FL 33130

FILED
 21 JAN -8 PM 5:41
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maikel Denis Suarez
 Address: 1051 SW 1St ST, Apt 404
Miami, FL 33130

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

01/08/21
 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

01/08/21
 Date