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Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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
BETTER KIDS THERAPY CENTER, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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Corporate Filing Menu

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AUG 14 2019

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Better Kids Therapy Center, Corp.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

12485 SW 137 Ave. suite 104
Miami, FL 33186

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Leyla Martorella (P)
Dianettys Lopez (VP)

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LAZARUS

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

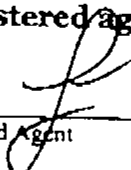
LEYLA MARTORELLA
12485 SW 137 AVE Suite 104
MIAMI, FL. 33186

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

LEYLA MARTORELLA
12485 SW 137 AVE Suite 104
MIAMI FL. 33186

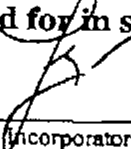
Required Signatures:

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



Registered Agent _____ 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.



Incorporator _____ Date

RECORDED
FALL 11/15/2019

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