72 Fordal epartment of State 44

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FLORIDA PROFIT/NON PROFIT CORPORATION KATHRYN L GUNDERSON O.T. PA

Certificate of Status	1
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Page Count	03
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, herby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

KATHRYN L GUNDERSON O.T. PA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2436 NASSAU LANE FORT LAUDERDALE, FL 33312 2020 HAR - 3 PH 12: 35

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ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 SHARES AT NO PAR VALUE

ARTICLE IV PURPOSE

The purpose for which this corporation is/are formed, are as follows:

To practice the profession of :OCCUPATIONAL THERAPY

Prepared By: FLIGEL, BRINT, CO. CPAS 103 BROADWAY MALL HICKSVILLE, NY 11801

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

KATHRYN L GUNDERSON 2436 NASSAU LANE FORT LAUDERDALE, FL 33312

ARTICLES VI INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

KATHRYN L GUNDERSON-PRESIDENT/DIRECTOR 2436 NASSAU LANE FORT LAUNDERDALE, FL 33312

ARTICLES VII INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

KATHRYN L GUNDERSON 2436 NASSAU LANE FORT LAUDERDALE, FL 33312

ARTICLES VII EFFECTIVE DATE

The date of Corporate Existence shall begin is:

Upon Filing

The undersigned incorporator(s) has(have) executed theseArticles of Incorporation this

28TH day of FEBRUARY 20 20

KATHRYN L GUNDERSON

SIGNATURE

1. The name of the corporation is: KATHRYN L GUNDERSON O.T. PA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA. SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

2. The name and address of the registered agent and office is:		
KATHRYN L GUNDERSON		
	Name	
2436 NASSAU L	ANE	
(P.O. Box o	or Mail Drop Box NOT Acceptable)	
FORT LAUDERDALE, FL 33312		
	(City / State / Zip)	
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.		
KATHRYN L GUNDERSON SIGNATURE	<u>2/28/2020</u> (Date)	