Florida Papartment of that Gold Signature of the Gold Signature of

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000120382 3)))



H220001203823ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
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.

imail.	Address:					

FLORIDA PROFIT/NON PROFIT CORPORATION ESTABLISHED THERAPY SERVICES CORP

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

SECKLEARY OF STATE

RECEIVED IN 4: 06
1021 APR -1 PM 4: 06
1021 APR -1 PM 4: 06

Electronic Filing Menu

Corporate Filing Menu

Help

D. O'KEEFE

APR - 4 2022

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
	Humberto Raul Padroso
	10924 50 182 UN Migme, FL 33157
ARTI	CLE III SHARES: The number of shares of stock is: 100
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
_	Humberto Real Pedroso (P)
	Humberto Real Pedroso (P) PR 10974 SU 182 LN Micant, FL 331692 -
	10404 50 10E 514 V 100 7
	91A1
	20 20 20 20 20 20 20 20 20 20 20 20 20 2
	DUNIAL REGISTERED ACENT AND STREET ADDRESS:
	name and Florida street address (PO Box not acceptable) of the registered agent is:
The	name and Florida street address (PO Box not acceptable) of the registrated agont 2
-	11 1 1 2 1 0 1 2
_	Humberto Paul Pedroso
_	10924 SW 182 LN Miami, A 33157
	The same and address of the Incompositor is:
AI	TICLE VI INCORPORATOR: The name and address of the Incorporator is:
···	Humberto Raul Pedroso 10034 SID 182 LN Milami, PL 33157

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 Uhlzozz

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

2022 APR - 1 PM 2: 59