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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 CONNECT THERAPY SOLUTIONS CORP

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

Connect Therapy Solution	s corp.
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	i.
12905 SW 4214 ST 9TE 224	
Miami Florida 23145	
	100
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFF	FICHRS:
MAYrelis Rodriguez Chaviar LARitza RAmirez	70 P 2
LARitza RAmirez	VP S
	= =
	0:5
	
ARTICLE V INITIAL REGISTERED AGENT AND STRE	
The name and Florida street address (PO Box not acceptable) of the	registered agent is:
MAYrelis Rodziquez Chavia. 2002 Sw 160 CT Homestead	r) C
28802 SW 160CT Homestead	FL. 33033
1 1164	L. Turamorator iv
ARTICLE VI INCORPORATOR: The name and address of the	ne imporporator is.
MAyrelis Rodeiquez Chavia. 2002 Sw 160CT Homestead	<u> </u>
	・アノ つんりつつ

EIN 92-1774841

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 1/12/2023

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 1.

2023 JA : 1 7 AM 10: 58