

## Florida Department of State

**Division of Corporations** Public Access System Katherine Harris, Secretary of State

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## FLORIDA PROFIT CORPORATION OR P.A.

#### ASSOCIATES THERAPIST GROUP INC.

Certificate of Status	0
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### ARTICLES OF INCORPORATION

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

#### <u>ARTICLE I – NAME</u>

The name of the corporation shall be:

ASSOCIATES THERAPIST GROUP INC.

#### ARTICLE II - PRINCIPAL OFFICE

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

1317 SW 140 PL MIAMI FLORIDA 33184 SECRETARY OF STATE DIVISION OF CARPORATIONS

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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:

## ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

TERESA D'MONDEJO.
1317 SW 140 PL.
NIAMI Floridai 33184

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#### ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

TERESA D'MONDEJO 1317 SW 140 PL MIAMI FLORIDA 33184

The undersigned incorporator has executed these Articles of Incorporation this \_\_\_\_\_ day of \_\_\_\_\_\_ 20\_\_\_\_\_ 20\_\_\_\_

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### ARTICLE VI- DIRECTOR(S)

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

TERESA D'MONDEJO (PRESIDENT

1317 5W 140 PL MIAMI FLORIDA 33184 SECRETARY OF STATE DIVISION OF COMPORATIONS

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

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