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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Bush AUG 16 2010

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** PARADISE IN HEAVEN THERAPY, CORP  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: EL DORAL BUSINESS SOLUTIONS, INC  
Name (Printed or typed)

9737 NW 41 ST. # 340

---

Address

MIAMI, FL. 33178

---

City, State & Zip

305-508-0244

---

Daytime Telephone number

SANZALO@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION OF  
PARADISE IN HEAVEN THERAPY, CORP.**

The undersigned, for the purpose of forming a corporation under the Florida Business Corporations Act do hereby adopt the following Articles of Incorporation:

**ARTICLE I  
NAME**

The name of the corporation is: **PARADISE IN HEAVEN THERAPY, CORP.**

**ARTICLE II  
OFFICES**

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

8837 NW 114 ST.  
HIALEAH GARDENS, FL. 33018

The corporation may have such other offices, either within or without the State of Florida, as the board of directors may designate, or as the business corporation may require from time to time.

**ARTICLE III  
PURPOSE**

- 1.- To provide physical and rehabilitation therapy.
- 2.- To transact any other lawful business for which corporations may be incorporated under the Florida Business Corporation Act.

**ARTICLE IV  
CAPITALIZATION AND SHARES**

The number of shares which the corporation is authorized to issue is 2000 common shares at \$ 1.00 par value.

Prepared By:  
El Doral Business Solutions, Corp.  
9737 NW 41 St. # 340  
El Doral-FI. 33178  
(305) 508-0244

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**ARTICLE V  
REGISTERED AGENT**

The name and address of the initial registered agent shall be:

**SANDY ZAPIRAIN LOPEZ  
8837 NW 114 ST.  
HIALEAH GARDENS, FL. 33018**

**ARTICLE VI  
DIRECTORS**

The numbers of directors constituting the initial Board of Directors are two (2). The name and address of each Principal is:

**SANDY ZAPIRAIN LOPEZ.  
8837 NW 114 ST.  
HIALEAH GARDENS, FL. 33018**

  
\_\_\_\_\_  
**President SZL**

**AGNES RODRIGUEZ FERNANDEZ  
8837 NW 114 ST.  
HIALEAH GARDENS, FL. 33018**

  
\_\_\_\_\_  
**Vice President ARF**

**ARTICLE VII  
INCORPORATES**

The name and address of each person signing these Articles of are


**PRESIDENT  
SANDY ZAPIRAIN LOPEZ.  
8837 NW 114 ST.  
HIALEAH GARDENS, FL. 33018**

**VICE PRESIDENT  
AGNES RODRIGUEZ FERNANDEZ  
8837 NW 114 ST.  
HIALEAH GARDENS, FL. 33018**

The undersigned have executed these Articles of Incorporation this

11 day of August 2010

  
\_\_\_\_\_  
**Signature President**

  
\_\_\_\_\_  
**Signature Vice President**

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statements in designating the registered office / registered agent, in the State of Florida.

1. - The name of the corporation is **PARADISE IN HEAVEN THERAPY, CORP.**
2. - The name and address of the registered agent and office is:

**SANDY ZAPIRAIN LOPEZ  
8837 NW 114 ST.  
HIALEAH GARDENS, FL. 33018**

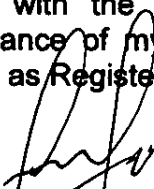


\_\_\_\_\_  
Signature, SZL

Date: 08/11/2010

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.



\_\_\_\_\_  
Signature, SZL

Date: 08/11/2010