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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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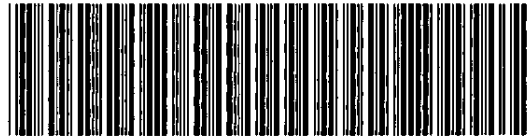
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2012 APR 26 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Kids Quality Therapy Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Jessielynn Avila & Amanda Quero

Name (Printed or typed)

1769 Wa-kee-na Drive

Address

Miami, Florida 33133

City, State & Zip

754-235-4540

Daytime Telephone number

javidapt@gmail.com

E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Kids Quality Therapy Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1769 Wa-kee-na Drive
Miami, Florida 33133

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide skilled Physical and Occupational therapy for children with developmental delays or motor incoordination in gross and fine motor skills.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Jessielynn Avila- Director of Physical Therapy</u>	Name and Title: _____
Address: <u>1941 NW 106 Terrace</u>	Address: _____
<u>Pembroke Pines, FL 33026</u>	_____

Name and Title: <u>Amanda Quero- Director of Occupational Therapy</u>	Name and Title: _____
Address: <u>1769 Wa-kee-na Drive</u>	Address: _____
<u>Miami, FL 33133</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Maria Avila
Address: 1941 NW 106 Terrace
Pembroke Pines, FL 33026

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Arlene Torres
Address: 112 Cambridge Avenue
Davenport, Florida 33896

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

Maria Avila
Required Signature/Registered Agent

04/21/2012

Date

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.

A Torres
Required Signature/Incorporator

04/21/2012

Date

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TALLAHASSEE, FLORIDA