

# P15000017520

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

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## FLORIDA PROFIT/NON PROFIT CORPORATION JOSUE THERAPY SERVICES INC.

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

2/23/24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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**ARTICLE I NAME:** The name of the corporation is:

Josue Therapy Services Inc.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

5559 SW 90 CT  
MIAMI FL 33145

**ARTICLE III SHARES:** The number of shares of stock is:

100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

President - Josue Guerra

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

JOSUE Guerra  
5559 SW 90 CT  
MIAMI FL 33145

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

JOSUE Guerra  
5559 SW 90 CT  
MIAMI FL 33145

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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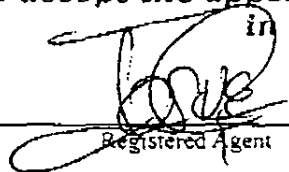
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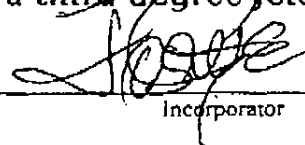
**Required Signatures:**

*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

\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Incorporator

\_\_\_\_\_  
Date

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