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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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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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**FLORIDA PROFIT/NON PROFIT CORPORATION
DHI PROFESSIONAL THERAPY INC**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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6/10/15

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

#3977 P. 002/003

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME: The name of the corporation is:

DH1 Professional Therapy Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

3241 SW 217 Ct Miami FL 33175

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Humberto SANTOS (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Humberto SANTOS
3241 SW 217 CT
MIAMI FL 33175

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

Humberto SANTOS
3241 SW 217 CT
MIAMI FL 33175

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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_____
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TALLAHASSEE, FLORIDA

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