

P 15000052027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

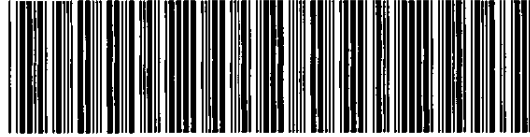
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CLERK OF STATE
ALABAMA

6/17/15

COVER LETTER

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

SUBJECT: BRILLIANT THERAPY CARE 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: YENITZA ROSALES OROZCO

Name (Printed or typed)

8900 S.W. 24 AVENUE # 200

Address

MIAMI, FLORIDA 33147

City, State & Zip

786-296-9616

Daytime Telephone number

OROZCO.BERTA@YAHOO.ES

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

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DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2015

YENITZA ROSALES OROZCO
8900 S.W. 24 AVENUE
#200
MIAMI, FL 33147

SUBJECT: BRILLIANT THERAPY CARE INC
Ref. Number: W15000038902

We have received your document for BRILLIANT THERAPY CARE INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

You must list the complete names and street addresses.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 815A00011683

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DIVISION OF STATE
REGISTRATION
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: **BRILLIANT THERAPY CARE INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8900 S.W 24th AVENUE # 200.
MIAMI, FL 33147

8900 S.W 24th AVENUE # 200.
MIAMI, FL 33147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **A LAWFUL HEALTHCARE FACILITY**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **YENITZA ROSALES OROZCO / P** Name and Title: _____

Address **8900 S.W 24th AVENUE # 200.** Address: _____
MIAMI, FL 33147

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: **YENITZA ROSALES OROZCO / P**
Address: **8900 S.W 24th AVENUE # 200.**
MIAMI, FL 33147

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15 JUN 12 PM 2:56
CLERK OF THE
SUPREME COURT
STATE OF FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: **YENITZA ROSALES OROZCO / P**
Address: **8900 S.W 24th AVENUE # 200.**
MIAMI, FL 33147

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Required Signature/Registered Agent

06/10/2015

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.

Required Signature/Incorporator

06/10/2015

Date