

P15000053174

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000151612 3)))



H150001516123ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUN 19 PM 4:38

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
D. TERRELONGE THERAPY SERVICES CORP**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUN 19 PM 4:28

RECEIVED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

H15000151612

ARTICLE I NAME: The name of the corporation is:D. Terrelonge Therapy Services Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

300 N.W. 129 Ave
Miami, FL 33182**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Dayana Terrelonge (P)SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUN 19 PM 4:38

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

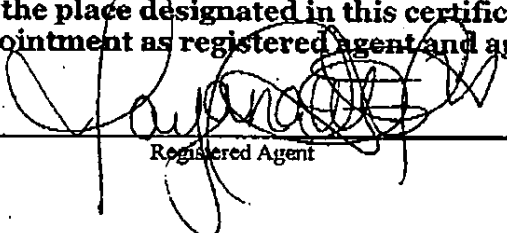
Dayana Terrelonge
300 N.W. 129 Ave
Miami FL 33182**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Dayana Terrelonge
300 N.W. 129 Ave
Miami FL 33182

H15000151612

H15000151612

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 Agent06/19/15

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.



Incorporator06/19/15

Date

FILED
15 JUN 19 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H15000151612