

P/6000063484

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.

((H16000186998 3)))



H160001869983ABCF

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

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

Email Address: _____

RECEIVED

16 AUG -2 PM 3:49

FLORIDA PROFIT/NON PROFIT CORPORATION
1 ABC THERAPY CENTER CORP

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

16 AUG -2 AM 9:00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08/03/16

H16000186998

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

ARTICLE I NAME: The name of the corporation is:

1 ABC Therapy Center Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

959 SW 122nd Ave
Suite 18
Miami FL 33184

FILED
SECRETARY OF STATE
16 AUG -2 AM 9:00

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Lazaro M Gonzalez (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Lazaro M Gonzalez
959 SW 122nd Ave
Suite 18 Miami FL 33184

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

Lazaro M Gonzalez
959 SW 122nd Ave
Suite 18 Miami FL 33184

H16000186998

H16000186998

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

FILED
DEPARTMENT OF STATE
16 AUG -2 AM 9:00

H16000186998