

P17000006982

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.

(((H17000019179 3)))



H170000191793ABC2

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: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
H&F THERAPY SERVICES INC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 23 2017

JAN 23 2017

T. SCOTT

17 JAN 20 AM 11:55

OFFICE
AND
FILED

H17000019179

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:H & F therapy Services INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

11520 SW 81 terra Miami FL 33173**ARTICLE III SHARES:** The number of shares of stock is: 100 SHARES**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Felix Dimas Garcia Abalo PresidentHisela Maria Castro Hugno vice president17 JAN 20 AM 11:55
RECEIVED
STATE
OF FLORIDAAPPROVED
AND
FILED**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

FELIX DIMAS GARCIA ABALO11520 SW 81 TERRAMIAMI FL 33173**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:FELIX DIMAS GARCIA ABALO11520 SW 81 TERRAMIAMI FL 33173

H17000019179

H17000019179

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

H17000019179