

PI 7000042144

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.

(((H17000128681 3)))



H170001286813ABC1

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 : 120000000019
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
NEW HOPE THERAPY CENTER INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

MAY 11 2017

17 MAY 10 PM 4:51

RECEIVED
DIVISION OF CORPORATIONS
MAY 10 2017

RECEIVED
DIVISION OF CORPORATIONS
MAY 10 2017

17 MAY 10 PM 2:18

H17000128681

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:New hope Therapy Center Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

800 Oriental Blvd Opa-Locka, FL
33054**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Danieya Leydis Santana 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:

Danieya Leydis Santana Gonzalez
800 Oriental Blvd Opa-Locka FL
33054**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Danieya Leydis Santana Gonzalez
800 Oriental Blvd Opa-Locka FL
33054

H17000128681

17 MAY 10 PM 2:18

H17000128681

Required Signatures:

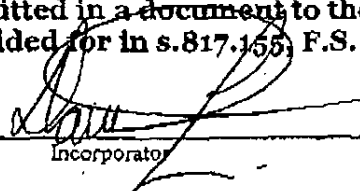
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent05/10/17

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.



Incorporator05/10/17

Date

TALLAHASSEE, FL 32301

17 MAY 10 PM 2:18

H17000128681