# Florida Department of State Divion of Softwarf Conference Confere

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FLORIDA MULTISERVICES, INC.

Account Number : I20150000061 Phone : (786)290-3319 Fax Number : (305)645-2035

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

Email Address: FLMUHiseppices@yahoo. Com

## FLORIDA PROFIT/NON PROFIT CORPORATION ASSOCIATES PEDIATRIC THERAPY, INC

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K. Brumbley

#### **COVER LETTER**

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

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SUBJECT: ASSOC	CIATES PEDIATRIC THERAPY, II	NC	
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation an	d a check for:
\$70.00	— · · · · · · ·	□ \$78.75	□ \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	PY REQUIRED
	OUSIT MELERO Nam	e (Printed or typed)	
· 142	61 SW 23 LANE	e (Fillion of Typen)	
		Address	
ML	AMI, FL 33175		
	City,	State & Zip	<del></del> _
(305	5)781-1404		
	Daytime T	elephone number	
flmu	ıltiservices@yaboo.com		
	E-mail address: (to be use	d for future annual report n	otification)

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

#### ARTICLES OF INCORPORATION

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

CLE II PRIN	CIPAL OFFICE			
	Principal street address	Ma	illing address, if different is:	
1 SW 23 LANE. 1	MIAMI, FL 33175		<u> </u>	
<u> </u>		<u> </u>		
····	· · · · · · · · · · · · · · · · · · ·			
CLE III PURP	OSE A	CV AND ALL LAWELL BLIC	TATES	
urpose for which	the corporation is organized is:	· A RUD RUD ER WITCH BUS		
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umber of spares of	SLOCK IS:			3
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CLE V INITIA	AL OFFICERS AND/OR DIRECT YOUSIT MELERO. P	ORS.	ے اگری	5
CLE V INITIA	SLOCK IS:	ORS  Name and Title:	ے اگری	5
CLE V INITIA  Name and Title	AL OFFICERS AND/OR DIRECT YOUSIT MELERO. P	ORS  Name and Title:	ب التوا	5
CLE V INITIA  Name and Title	YOUSIT MELERO. P 14261 SW 23 LANE MIAMI, FL 33175	**************************************	ب التوا	5
CLE V INITIA  Name and Title	AL OFFICERS AND/OR DIRECT YOUSIT MELERO. P 14261 SW 23 LANE	**************************************	ب التوا	5
CLE V INITIA Name and Title Address	AL OFFICERS AND/OR DIRECT YOUSIT MELERO. P 14261 SW 23 LANE MIAMI, FL 33175	ORS           Name and Title:           Address:           Name and Title:	, in the second of the second	5
CLE V INITIA Name and Title Address	AL OFFICERS AND/OR DIRECT YOUSIT MELERO. P 14261 SW 23 LANE MIAMI, FL 33175	ORS           Name and Title:           Address:              Name and Title:	, in the second of the second	5
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Name and Title Name and Title	YOUSIT MELERO. P 14261 SW 23 LANE MIAMI, FL 33175	ORS           Name and Title:           Address:              Name and Title:	, in the second of the second	5
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Name	and little:	Name and Title:	
Addre	SS :	Address:	
			, <u>.</u>
	<del></del>	<del>_</del>	
ADTICLE VI	REGISTERED AGENT		
	Florida street address (P.O. Box NOT acceptal	ole) of the registered agent is:	-
Name:	YOUSIT MELERO		
Address:	14261 SW 23 LANE		
	MIAMI, FL 33175		
ARTICLE VII	INCORPORATOR		
	address of the Incorporator is:		
Name:	YOUSIT MELERO		
Address:	14261 SW 23 LANE		
	MIAMI, FL 33175		
BTICLE VIII	BFFECTIVE DATE: 01/09/2018		
	f other than the date of filing: 01/08/2018	(OPTIO	NAL )
If an effective iling.)	date is listed, the date must be specific and c	annot be more than five da	lys prior or 90 days after the
vote: If the dat he document's	e inserted in this block does not meet the applic effective date on the Department of State's reco	able statutory filing requires	nents, this date will not be listed as
laving been na his certificate, I	med as registered agent to accept service of pr am familiar with and accept the appointment of	ocess for the above stated co is registered agent and agree	exporation at the place designated is to act in this capacity
, j	Ky Verno		01/08/2018
- المراجعة	Required Signature/Registered Agent	· · · · · · · · · · · · · · · · · · ·	Date
submit this do	cument and affirm that the facts stated herein Department of State constitutes a third degree,	are true. I am aware that t felony as provided for in s.8?	the false information submitted in 17.155, F.S.
	La Meno		01/08/2018
Requ	ired Signature/Incorporator	<del></del>	Date

### ASSOCIATES PEDIATRIC THERAPY, INC. 14261 SW 23 LANE MIAMI, FL 33175

Phone: 305-781-1404

January 08, 2018

#### FLORIDA DEPARTMENT OF STATE

Attention: New Filings Section

#### TO WHOM IT MAY CONCERN:

This is to advise you that the owner of ASSOCIATES PEDIATRIC THERAPY, INC Document No. P12000048417 is the same owner of the attached articles of incorporation. I have dissolved the company on September 22, 2017and have no intent of reopening it.

Thank you for your help in this matter,

Sincerely yours,

Yousit Melero

STATE OF FLORIDA COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, on January 08, 2018, appeared YOUSIT MELERO, who is personally known to me, and acknowledged that she executed the foregoing instrument for the purposes expressed therein.

Olga Lidia Calreya Dominguez Notary Public State of Florida