

# P18000005382

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ABC THERAPY SERVICES INC**

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

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Corporate Filing Menu

Help

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:ABC THERAPY SERVICES INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2589 W 76 ST apt 212 Hialeah FL 33016**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ILUMINADA DE LAS MERCEDES ROMERO PEREZ  
(President)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Iluminada De las Mercedes Romero Perez  
2589 W 76 ST APT 212  
Hialeah FL 33016**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Iluminada De las Mercedes Romero Perez  
2589 W 76 ST APT 212  
Hialeah FL 33016

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18 JAN 18 PM 3:51  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE, FLORIDA

**Regulred 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 Agent1/18/18  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator1/18/18  
\_\_\_\_\_  
Date

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