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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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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
EFFECTIVE THERAPY SOLUTIONS INC**

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

FILE

2018 AUG 22 PM 4:54

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

EFFECTIVE THERAPY SOLUTIONS INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

18531 SW 55 ST

SOUTHWEST RANCHES, FL 33332

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

EDUARDO RODRIGUEZ, PRESIDENT

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

EDUARDO RODRIGUEZ

18531 SW 55 ST

SOUTHWEST RANCHES, FL 33332

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

EDUARDO RODRIGUEZ

18531 SW 55 ST

SOUTHWEST RANCHES, FL 33332

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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

8/22/18
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.

W. D. Dugay
Incorporator

8/22/18
Date

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