

P18000080107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

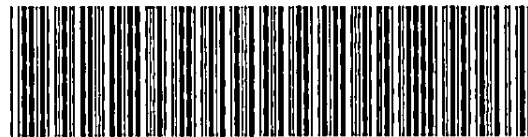
(Document Number)

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

COMPLETE CARE THERAPY SOLUTION, P.A.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3470SW 27ST

MIAMI, FL. 33133

ARTICLE III PURPOSE

RENDER THERAPY SERVICES

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA CONSUELO HERNANDEZ

Name and Title:

Address: PRESIDENT

Address:

3470 SW 27 ST

Miami, FL 33133

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Maria Consuelo Hernandez  
Address: 3470 SW 27th ST  
Miami, FL 33133

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Maria Consuelo Hernandez  
Address: 3470 SW 27th ST  
Miami, FL 33133

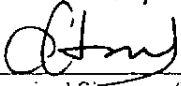
**ARTICLE VIII EFFECTIVE DATE:** 8/01/2018

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

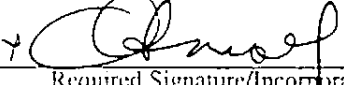
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature/Registered Agent

8/1/18  
Date  
FILED  
AUG 1 2018  
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.*

  
Required Signature/Incorporator