

P18000090476

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.

((H18000316172 3)))



H180003161723ABC3

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 : I20000000019
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
PATH PEDIATRIC THERAPY CLINIC INC

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

20181101 - 1 P:15:50

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

PATH PEDIATRIC THERAPY Clinic Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

16341 Wood Walk Hialeah FL 33014

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Jessica Lopez (P)
Pierre Antonio Jebian (VP)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

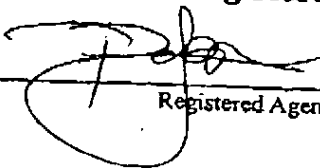
Pierre Antonio Jebian
16341 Wood Walk
Hialeah FL 33014

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

Pierre Antonio Jebian
16341 Wood Walk
Hialeah FL 33014

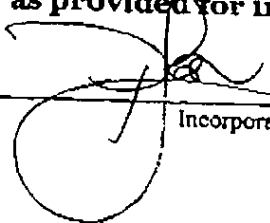
Required Signatures:

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 Agent 11.1.18
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.



Incorporator 11.1.18
Date