

# P18000102637

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I28000000019  
Phone : (305)552-5973  
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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.\*\*

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## FLORIDA PROFIT/NON PROFIT CORPORATION SS THERAPY CORP.

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

# 2ND REQUEST

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2018 DEC 21 PM 4:40

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DIVISION OF CORPORATIONS

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**EFFECTIVE** 01-01-2019**ARTICLE I NAME:** The name of the corporation is:SS THERAPY CORP.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:


1710 SW 154 PATH MIAMI  
FLORIDA 33185**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**SANDRA SANTANA PRESIDENT  
  
  
  
  
**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

SANDRA SANTANA  
1710 SW 154 PATH  
MIAMI FL 33185**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:SANDRA SANTANA  
1710 SW 154 PATH  
MIAMI FL 33185

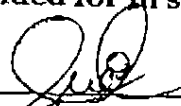
**Required Signatures:**

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

\_\_\_\_\_  
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.817.153, F.S.

  
\_\_\_\_\_  
Incorporator

\_\_\_\_\_  
Date