

01/09/2019 16:03 30220144 LAZARUS CORPORATE PA 01/03
PI90000002199

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.

((H19000009962 3)))



H190000099623ABC3

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 : 120000000019
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: _____

19 JAN - 9 AM 9:00
DIVISION OF CORPORATIONS
RECEIVED

**FLORIDA PROFIT/NON PROFIT CORPORATION
BP THERAPY CENTER, INC**

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

C RICO
JAN 09 2019

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)**ARTICLE I NAME:** The name of the corporation is:BP Therapy Center, Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

640 NW 133 CT. Miami.
FL 33182

19 JAN - 9 AM 9:08


BAPTIST
DIVISION OF
INCORPORATION**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Yuniesky Betancourt Perez (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Yuniesky Betancourt Perez
640 NW 133 CT
Miami FL 33182**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Yuniesky Betancourt Perez
640 NW 133 CT
Miami FL 33182

Required Signatures:

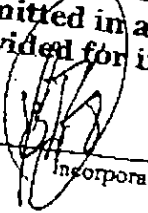
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



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.817.155, F.S.



Incorporator

Date