Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Empil Address:

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 fut annual report mailings. Enter only one email address please.

FLORIDA PROFIT/NON PROFIT CORPORATION KRK THERAPY CENTER INC

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

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:

	~_
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
4176 W. 12 avenue	
Hial-cah FL 33012	
, natan	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE III SHARES: The number of shares of stock is.	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
	
Jeronima corea (P)	-
Teronina wea (")	
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	σ.
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRES	
The name and Florida street address (PO Box not acceptable) of the registered age	nt '
Leonardo Sienna	
4176 W. 12 are	
Higheah Pl 33012	_
777476407 000-1	
ARTICLE VI INCORPORATOR: The name and address of the Incorporate	or i
Leonardo Sierra	
4176 W. 12 col	
Hialeah FZ 33012	
T 11 (1 A A A C 1 A A A A A A A A A A A A A A A A A A	

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 Oz/06/2019

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