## 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.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

	Division of Co				
	Fax Number	: (850)617-6381			
From:			ري (۱۲۱ ـ	2019	
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	200		es respect
	Account Number	: I2 <del>0000000</del> 19	: +	EC	y y
	Phone	: (3 <del>0</del> 5)552-5973	3-07	<u> </u>	64.77.22.74 Frankling
	Fax Number	: (305)675-5944	1.	0	ė
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**Enter	the email addres	s for this business entity to be used for	fuțüre	2	فأنيه
ลกก	ual report maili	ngs. Enter only one email address please.	* 프로	S	

## FLORIDA PROFIT/NON PROFIT CORPORATION ACCIDENT THERAPY CENTER CORP

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

Email Address:

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

Onte January, 1, 2020.

ARTICLE I NAME: The name of the corner

The name of the corporation is:	
Accident Therapy Center Corp	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
3741 Sw 133 ct	
Miami FL 33175.	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER S:	
Bianca Yazmin Roperto. (P)	
SEC TEC	
D MC	******
	(marine)
The name and Florida street address (DO Port and All Street Ad	
Bianca Yazmin Roperto	
3741 SW 133 CT	
Miami F1 33175	
ARTICLE VI INCORPORATOR: The name and address of the Incompany	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
3741 SW 133 Ct	
Miami F1 33175	

## 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 12/10/19

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 12/10/10,