

PI 900093979

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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
GROUP THERAPY SOLUTION CORP

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

SECRETARY OF STATE
TALLAHASSEE, FL

2019 DEC 19 PM 2:07

FILED

Dec. 20, 2019

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

EFFECTIVE DATE 1/1/20

ARTICLE I NAME: The name of the corporation is:GROUP Therapy Solution corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2301 NE 9th AVE
Pompano Beach FL 33064**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Jeovany Quintana Ramos (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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


Jeovany Quintana Ramos
2301 NE 9th Ave
Pompano Beach FL 33064**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Jeovany Quintana Ramos
2301 NE 9th Ave
Pompano Beach FL 33064SECRETARY OF STATE
TALLAHASSEE, FL

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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 Agent12/19/19

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.



Incorporator12/19/19

DateSECRETARY OF STATE
TALLAHASSEE, FL

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