

1/17/2020

Division of Corporations

Florida Department of State

Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
JENNIS RBT INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: JENNIS RBT INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

13325 SW 46 TER13325 SW 46 TERMIAMI, FL 33175MIAMI, FL 33175**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: THERAPY SERVICE**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JENIFER RODRIGUEZ

Name and Title: _____

Address 13325 SW 46 TER

Address: _____

MIAMI, FL 33175PRESIDENT

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: JENIFER RODRIGUEZ
Address: 13325 SW 46 TER
MIAMI, FL 33175

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JENIFER RODRIGUEZ
Address: 13325 SW 46 TER
MIAMI, FL 33175

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JANUARY 16, 2020 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


✓ 

Required Signature/Registered Agent

1/16/20

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.

✓ 

Required Signature/Incorporator

1/16/20

Date