## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973

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C RICO

FEB 0 5 2020

\*\*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 TOM TOM'S THERAPY, INC

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

2020 FEB - 6 PM 1: 0

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## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Tom Tom's Therapy, INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:    1100 W 30th (t. Hialeah, FL 3:3010.
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Juan Carlos Borrego Fiander.
Kassandra Garcia-Garrido. (VP)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Kossandra garcia-garrido:
HIALEAH, FL 33010
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Kassandra garcia-garrido.
Kassandra garcia-garrido.  1160 W 28 th ST.  Hakah, FL. 33010
Hakah, FL. 33010

## 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

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

03/66/3030.