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.

(((H200001564083)))



H200001564083ABC

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

Doing so will generate another cover sheet.

To:			20
	Division of Corporations		
	Fax Number	: (850)617-6381	HAY Yay
			$\sim$
From:			CD
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	~•
	Account Number	: I200000000019	<b>15</b>
	Phone	: (305)552-5973	ق
	Fax Number	: (305)675-5944	: 2
		(,	မ
inter 1	the email addres	s for this business entity to be used for future	

## FLORIDA PROFIT/NON PROFIT CORPORATION BIG LEAP THERAPY CENTER CORP

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

C RICO MAY 2 6 2020

2020 HAY 26 PH 3

Electronic Filing Menu

Email Address:

Corporate Filing Menu

Help

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

ARTICLE I NAME: The name of the corporation is:

opoution is.	
BIG LEAP THERAPY CENTER CORP	
ARTICLE II PRINCIPAL OFFICE:	-
The principal street address and mailing address is:	
4940 Leeward Ln Fort Lauderdale, 71 33312	
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:  Karla Medranda (P)	
	20 MAY 21
	17 25
	25 6: 5 PM
ARTICLE V INITIAL REGISTERED AGENT AND STREET ALIDRESS:	23
The name and Florida street address (PO Box not acceptable) of the registered agent is:  KARLA MEDRANDA	
4940 LEEWARD LN	
FORT LAUDERDALE, FL 33312	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
KARLA MEDRANDA	
4940 LEEWARD LN FORT LAUDERDALE, FL 3331Z	

## 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 5/26/20

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.

Yala Mechanda 5/26/20
Incorporator 5/26/20