

6/9/2020

**P2000001744323**

Division of Corporations  
Florida Department of State  
Division of Corporations  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**AILEEN THERAPY SERVICES INC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 02      |
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JUN 10 2020

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

**ARTICLE I NAME**

The name of the corporation shall be: AILEEN THERAPY SERVICES INC

**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

565 W 43RD PL565 W 43RD PLHIALEAH, FL 33012HIALEAH, FL 33012**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THERAPY SERVICES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: QUIRENIA GONZALEZ

Name and Title: \_\_\_\_\_

Address 565 W 43RD PL

Address: \_\_\_\_\_

HIALEAH, FL 33012PRESIDENT

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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20 JUN -9 PM 2:25  
HIALEAH, FL 33012

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: QUIRENIA GONZALEZ  
 Address: 565 W 43RD PL  
HIALEAH, FL 33012

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: QUIRENIA GONZALEZ  
 Address: 565 W 43RD PL  
HIALEAH, FL 33012

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: JUNE 08, 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*

X [Signature]  
 Required Signature/Registered Agent

6/8/20  
 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.*

X [Signature]  
 Required Signature/Incorporator

6/8/20  
 Date

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