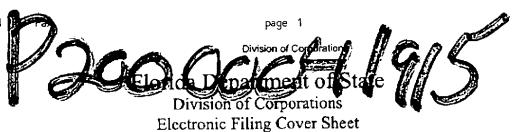
6/9/2020



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.

(((H20000174432 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP Account Number : 120100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

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 AILEEN THERAPY SERVICES INC

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

Electronic Filing Menu Corporate Filing Menu

Help

D O'KEFFE JUN I () 2020

(4.2)

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

ICLE II _ PRIN	CIPAL OFFICE Principal street address	Mailing address, if different is:		
5 W 43RD PL IALEAH, FL 33012		505 W 43RD PL HIALEAH, FL 33012		
			20	
ICLE IV SHAL	RES f stock is: 100 SHARES			
	AL OFFICERS AND/OR DIRECTORS		(1) (1) (2)	
Name and Tit	le: QUIRENIA GONZALEZ	Name and Title:		
Address 565 W 43	565 W 43RD PL	Address:		
	HIALEAH, FL 33012			
	PRESIDENT			
Name and Titl	c:	Name and Title:		
Address		Address:		
Name and Tit	e:	Name and Title:		

Name as	od Title:	Name and Title:	
Addres		Address:	
ARTICLE VI The name and F	REGISTERED AGENT Torida street address (P.O. Box NOT acceptab QUIRENIA GONZALEZ	(e) of the registered agent is:	12. 12.
Address:	565 W 43RD PL). 3. H
Address.	HIALEAH, FL 33012		FIL MASSI
ARTICLE VII	<u>INCORPORATOR</u>		EN 2:
The name and a	ddress of the Incorporator is:		28 28 28
Name:	QUIRENIA GONZALEZ		≫.
Address:	565 W 43RD PL		
	HIALEAH, FL 33012		
Effective date, if (If an effective of filing.) Note: If the date	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and c e inserted in this block does not meet the applie effective date on the Department of State's rece	ennot be more than five days prior cable statutory filing requirements, th	
Having been no this cardfleate, i	rmed to registered agent to accept service of po I any familiar with and occept the appointment	rocess for the above stated corporational registered agent and agree to act to	n at the place designated in this capacity
4 1h	/	•	6/8/20
	Required Signature/Registered Agen	<u> </u>	Date
I submit this do document to the	ocument and affirm that the facts stated hereing Department of State constitutes a third degree	s are true. I am aware that the false felony as provided for in s.817.155, i	information submitted in a
Rem	uired Signature/Incorporator	<u> </u>	6/8/20 Date
2.00			