

7/6/2020

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Division of Corporations
Florida Department of State
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**FLORIDA PROFIT/NON PROFIT CORPORATION
CBB THERAPY INC.**

Certificate of Status	0
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Page Count	03
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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: CBB THERAPY INC.ARTICLE II PRINCIPAL OFFICEPrincipal street address24132 SW 107 AVEHOMESTEAD, FL 33032

Mailing address, if different is:

24132 SW 107 AVEHOMESTEAD, FL 33032ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESSARTICLE IV SHARESThe number of shares of stock is: SHARES: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: CHARIELI ABREU (P/S/D)

Name and Title: _____

Address 24132 SW 107 AVE

Address: _____

HOMESTEAD, FL 33032

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CHARIELI ABREU
Address: 24132 SW 107 AVE
HOMESTEAD, FL 33032

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: CHARIELI ABREU
Address: 24132 SW 107 AVE
HOMESTEAD, FL 33032

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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
07/06/2020
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
07/06/2020
Date