

**P20000065810**

Florida Department of State  
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.**

(((H20000296746 3)))



H200002967463ABC3

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

2020 AUG 26 PM 4:33

LOCATION:  
COMMERCIAL  
SERVICES

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*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  
NN PROFESSIONAL THERAPY INC**

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

2020 AUG 26 PM 2:50  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

FILED

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:NN Professional Therapy INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

12240 SW 91 Ter Miami FL  
33186**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Natacha Quila Rodriguez  
(P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Natacha Quila Rodriguez  
12240 SW 91 Ter Miami FL 33186**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:NATACHA AVILA RODRIGUEZ  
12240 SW 91 TER  
MIAMI FL 33186

2020 AUG 26 PM 2:50

FILED

CLERK OF STATE  
TALLAHASSEE FL

**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\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator\_\_\_\_\_  
Date

FILED

2020 AUG 26 PM 2:50

DEPARTMENT OF STATE  
TALLAHASSEE, FL