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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
A&L THERAPY CARE INC

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

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ARTICLE I NAME: The name of the corporation is:

A&L therapy Care INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

3870 Northwest 207th Street Miami Gardens FL 33055

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Adriana Cruz Gonzalez
- PRESIDENT -

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Adriana Cruz Gonzalez
3870 Northwest 207th street
Miami Gardens FL 33055

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Adriana Cruz Gonzalez
3870 Northwest 207th Street
Miami Gardens FL
33055

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: 9/16/20

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.

Incorporator — Date: 9/16/20