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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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
Estimated Charge	\$78.75

2020 SEP 16 PM 4:47

2020 SEP 16 PM 4:52

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

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:

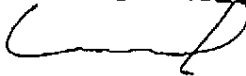
3870 Northwest 207th
Street Miami Gardens
FL 33055**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Adriana Cruz Gonzalez
- PRESIDENT -**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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
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Required Signatures:

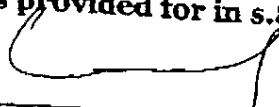
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent9/15/20

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.



Incorporator9/16/20

Date