Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

ACCOUNT Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 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.

Fmail	Address:		 	 	
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FLORIDA PROFIT/NON PROFIT CORPORATION L & A THERAPY CARE INC

Certificate of Status	0
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Estimated Charge	\$78.75

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D O'KEEFE SEP 2.3 2020

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

L&A therapy Core INC	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
09 72 FOS WN OFBS	
Miani Bardins Fl 33055	
ARTICLE HI SHARES: The number of shares of stock is:	<u>.</u> .
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER'S:	
Jaura Cruz Gouzalez (P)	
	20
	SEP.
SS	21
FT-1	P# (
	9: [-
	~
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent in Laura Cruz Gonzalez	
3870 NW 207 ST RD.	•
MIAMI GARDENS FL 33055	
MIMMI OFROGRO 12 GO	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator	is:
Laura CRUZ GONZAIEZ	- -
3870 NW 207 ST. RD.	_
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

9/21/2010

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

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