

9/21/2020

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**FLORIDA PROFIT/NON PROFIT CORPORATION
 OA THERAPY AGENCY, CORP.**

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

NAME

The name of the corporation shall be: OA THERAPY AGENCY, CORP.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5091 N.W. 7 STREET #1206
MIAMI, FL. 33126

ARTICLE III

PURPOSE

The purpose for which the corporation is organized is for 'Any and all lawful business'.

ARTICLE IV

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ☐ COMMON SHARES. ☐

ARTICLE V

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ODALYS ACOSTA
5091 N.W. 7 STREET #1206
MIAMI, FL. 33126

Prepared by: ODALYS ACOSTA
5091 N.W. 7 STREET #1206
MIAMI, FL. 33126
702 969-4309

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JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

**ARTICLE VI
INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ODALYS ACOSTA
5091 N.W. 7 STREET #1206
MIAMI, FL. 33126

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

18TH day of SEPTEMBER, 2020.



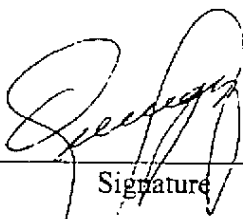
Signature

**ARTICLE VII
OFFICER(S) AND DIRECTOR(S)**

The name(s) and street address(es) of the officer(s) and director(s) to these Articles of Incorporation is(are):

ODALYS ACOSTA
5091 N.W. 7 STREET #1206
MIAMI, FL. 33126

DIRECTOR & PRESIDENT



Signature

Signature

Signature

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: OA THERAPY AGENCY, CORP.
2. The name and address of the registered agent and office is:

ODALYS ACOSTA
5091 N.W. 7 STREET #1206
MIAMI, FL. 33126

*Having been named as registered agent and to accept service of process for the above stated
corporation at the place designated in this certificate, I hereby accept the appointment as*

*registered agent and agree to act in this capacity. I further agree to comply with the provisions
of all statutes relating to the proper and complete performance of my duties, and I am familiar
with and accept the obligations of my position as registered agent.*



(SIGNATURE)

SEPTEMBER 18, 2020