

Division of Corporations

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

From: Account Name : CLARA GIRALDO ENROLLED AGENT  
Account Number : T19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

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FLORIDA PROFIT/NON PROFIT CORPORATION  
A4B THERAPY, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

This corporation will start operating on January 1<sup>st</sup> 2021.

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**ARTICLES OF INCORPORATION**  
**OF**

**A4B THERAPY, CORP.**

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

**ARTICLE I**

The name of this corporation shall be:

**A4B THERAPY, CORP.**

**ARTICLE II**

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

**ARTICLE III**

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Said corporation shall further have powers:  
To have perpetual succession by its corporate

**A4B THERAPY, CORP.**

**ARTICLE IV**

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation

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**ARTICLE V**

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**NILZER CONTRERAS  
10921 W OKEECHOBEE RD UNIT 201  
HIALEAH GARDENS, FL 33018**

The principal office shall be:

**1245 DESOTO BLVD N  
NAPLES, FL 34120**

**ARTICLE VI**

The initial Board of Directors shall consist of a total of ONE (01) person, and the name and address of the person who is to serve as initial director

**NILZER CONTRERAS  
10921 W OKEECHOBEE RD UNIT 201  
HIALEAH GARDENS, FL 33018**

**PRESIDENT**

The name and address of the incorporator executing these Articles of Incorporation is

**NILZER CONTRERAS  
10921 W OKEECHOBEE RD UNIT 201  
HIALEAH GARDENS, FL 33018**

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this DECEMBER 08, 2020

  
**NILZER CONTRERAS**

**ARTICLE VII**

THIS CORPORATION WILL START OPERATING ON JANUARY 1<sup>ST</sup>, 2021

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

Pursuant to the provision of sections 607.0501 or 617.0501, 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:

**A4B THERAPY, CORP.**

2. The Name and Address of the registered agent and office is:

**NILZER CONTRERAS  
10921 W OKEECHOBEE RD UNIT 201  
HIALEAH GARDENS, FL 33018**

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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   
Date: DECEMBER 08, 2020