

P210 0000 2934

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000019610 3)))



H210000196103ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : S&S ACCOUNTING SERVICES, INC.
Account Number : I20190000091
Phone : (786)212-0491
Fax Number : (305)454-6657

115

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
LRA THERAPY SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2021 JAN 15 AM 10:00

SEARCHED
SERIALIZED

21 JAN 15 PM 7:31

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: LRA THERAPY SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
9224 SW 8 TERR MIAMI, FL 33174

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LINO R. ALFONSO CRUZ, P Name and Title: _____

Address 9224 SW 8 TERR MIAMI, FL 33174 Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

21 JAN 15 PM 7:41
STATE OF FLORIDA

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LINO R. ALFONSO CRUZ
 Address: 9224 SW 8 TERR MIAMI, FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: S&S ACCOUNTING SERVICES, INC.
 Address: 3383 NW 7 ST SUITE 304
MIAMI, FL 33125

21 JAN 15 PM 7:41
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 Required Signature/Registered Agent 01/14/21 ✓
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.

 Required Signature/Incorporator 01/14/21
Date