

P210000063138

Division of Corporations  
Florida Department of State  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
YK THERAPY SERVICE, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

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**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: YK THERAPY SERVICE, INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address  
15725 NW 52 AVE APT 104  
MIAMI, FL 3014Mailing 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: SHARES: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: YASIS PEREZ RODRIGUEZ - P

Name and Title: \_\_\_\_\_

Address 15725 NW 52 AVE APT 104

Address: \_\_\_\_\_

MIAMI, FL 3014  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_  
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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: YASIS PEREZ RODRIGUEZ  
Address: 15725 NW 52 AVE APT 104  
MIAMI, FL 3014

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: YASIS PEREZ RODRIGUEZ  
Address: 15725 NW 52 AVE APT 104  
MIAMI, FL 3014

**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 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 Date

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