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Florida Department of State
Division of Corporations
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    Division of Corporations
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Email Address:_____

FLORIDA PROFIT/NON PROFIT CORPORATION
BLUE HEAVEN THERAPY CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

7/27/21

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I   NAME: The name of the corporation is:

Blue Heaven Therapy Corp

ARTICLE II   PRINCIPAL OFFICE:

The principal street address and mailing address is:

449 Bridgewater Ct Kissimmee Florida 34758

ARTICLE III   SHARES: The number of shares of stock is: 100

ARTICLE IV   INITIAL DIRECTORS AND/OR OFFICERS:

Dora Maria Seibane (P)

ARTICLE V   INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Dora Maria Seibane

449 Bridgewater Ct Kissimmee Florida 34758

ARTICLE VI   INCORPORATOR: The name and address of the Incorporator is:

Dora Maria Seibane

449 Bridgewater Ct Kissimme Florida 34758

SECRETARY OF STATE
TALLAHASSEE FL
2021 JUL 26 AM 6:12
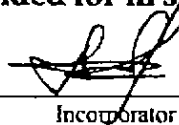FILED

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

_____   07/24/2021
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.

_____   07/24/2021
Incorporator   Date

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