

From: Robert Fanjul
8/31/2021

Fax: 18775036086

Fax: (850) 617-6381
Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : FANJUL ENTERPRISES LLC
Account Number : I20190000080
Phone : (305)603-8791
Fax Number : (877)503-6086

****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 LIMITED LIABILITY CO.
I KLAU THERAPY SERVICE CORP**

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SEP 01 2021

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: I KLAU THERAPY SERVICE CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

10150 SW 6TH ST APT 202PEMBROKE PINES, FL 33025**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: CLAUDIO E HERNANDEZ ECHEMENDIA-P

Name and Title: _____

Address 10150 SW 6TH ST APT 202

Address: _____

PEMBROKE PINES, FL 33025

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2021 AUG 31 PM 12:55
I KLAU THERAPY SERVICE CORP

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

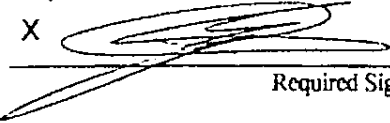
ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: CLAUDIO E HERNANDEZ ECHEMENDIAAddress: 10150 SW 6TH ST APT 202PEMBROKE PINES, FL 33025**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: CLAUDIO E HERNANDEZ ECHEMENDIAAddress: 10150 SW 6TH ST APT 202PEMBROKE PINES, FL 33025**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*

X



Required Signature/Registered Agent

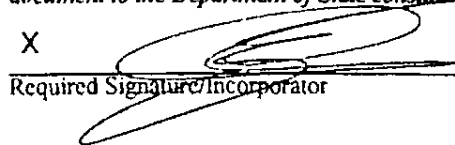
X

8/30/2021

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.

X



Required Signature/Incorporator

X

8/30/2021

Date