

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 : WISE TAX FIRM INC.  
Account Number : I20210000018  
Phone : (786)620-0001  
Fax Number : (786)227-6631

\*\*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

Essential B. Therapy Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	

OCT 08 2021

T. SCOTT

Electronic Filing Menu

Corporate Filing Menu

Help

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

Essential B. Therapy Inc.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

536 SW 47th Street Apt.B

Cape Coral, FL 33914

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

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Geidy Linares D Angelo

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Geidy Linares D Angelo

536 SW 47th Apt.B

Cape Coral, FL 33914

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

Geidy Linares D Angelo

536 SW 47th Apt. B

Cape Coral, FL 33914

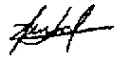
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**Required Signatures:**

**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**

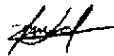


10/07/2021

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.**



10/07/2021

Incorporator

Date

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