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To:				25	
	Division of Corporations			2021	
	Fax Number	: (850)617-6381	•	8	• t
From:				;	
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.		Ct.)	
	Account Number	: I20000000019		_ ,	
	Phone	: (305)552-5973		-1:	
	Fax Number	: (305)675-5944		12:	
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.				19	
	Email Address:	and one email address please.**			

FLORIDA PROFIT/NON PROFIT CORPORATION HAPPY GARDEN THERAPY INC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

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OCT 19 2021

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:

appy Garden Therapy Inc. ARTICLE II PRINCIPAL OFFICE:	<u></u>	
The principal street address and mailing address is:	-	
Miami, FL 331105		_
ARTICLE III SHARES: The number of shares of stock is:	100	<u> </u>
ARTICLE IV INITIAL DIRECTORS AND/OR OFFI	CERS:	
Alondra carvajal (P)		
		
		 -
	 . <u></u>	
		<u></u>
ARTICLE V INITIAL REGISTERED AGENT AND STREE		
The name and Florida street address (PO Box not acceptable) of the re	gistered	l agent is:
Alondra Carvajal		
2254 Su 93rd Ct		
Miami Fl 33165		
•		
ARTICLE VI INCORPORATOR: The name and address of the	: Incorp	orator is:
Alondra Carrajal		
2254 Sw 93rd Ct		
Miami El 33165		

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 familian with and accept the appointment as registered agent and agree to act in this capacity

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.

scorporator

Date

1:2: