

12/14 Dec 14, 2021 5:56PM

PLT CONCRETE

Division of Corporations

No. 8914

P21000104174

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 : S&S ACCOUNTING SERVICES, INC.  
Account Number : I20190000091  
Phone : (786)212-0491  
Fax Number : (305)454-6657

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
GIOVANNY THERAPY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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: GIOVANNI THERAPY, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
1105 NW 30TH AVE  
MIAMI, FL 33125

Mailing 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: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ROGER TARAZONA SANCHEZ, P

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

Address 1105 NW 30TH AVE

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

MIAMI, FL 33125

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

2021 DEC 15 AM 9:46

ED

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: ROGER TARAZONA SANCHEZ  
Address: 1105 NW 30TH AVE  
MIAMI, FL 33125

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

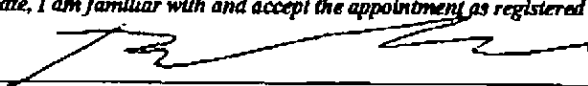
Name: S&S ACCOUNTING SERVCIES, INC.  
Address: 3383 NW 7 ST SUITE 304  
MIAMI, FL 33125

**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

12/14/2021  
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.817.135, F.S.*

  
Required Signature/Incorporator

12/14/2021  
Date