

1/28/22

P2200005601

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
DAYS I THERAPY SERVICES INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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: DAYS! THERAPY SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
10000 NW 80th CT #2520
MIAMI LAKES, FL 33016

Mailing address, if different is:
10000 NW 80th CT #2520
MIAMI LAKES, FL 33016

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: SHARES: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALISHA DAYS! MARTE - P

Name and Title: _____

Address 10000 NW 80th CT #2520
MIAMI LAKES, FL 33016

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: ALISHA DAYSI MARTE
Address: 10000 NW 80th CT #2520
MIAMI LAKES, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALISHA DAYSI MARTE
Address: 10000 NW 80th CT #2520
MIAMI LAKES, FL 33016

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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


John A. Morgan, Secretary of State, Tallahassee, Florida

Required Signature/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.


John A. Morgan, Secretary of State, Tallahassee, Florida

Required Signature/Incorporator

Date _____