

Feb. 16, 2022 2:48PM

No. 0955 P. 2

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 : KIJONNA SERVICES INC
Account Number : I2008000033
Phone : (305)644-3055
Fax Number : (305)644-3052

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
NEW WORLD MEDICAL & THERAPY CENTER INC

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

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2022 FEB 16 PM 7:25

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Corporate Filing Menu

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COVER LETTER

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Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: NEW WORLD MEDICAL & THERAPY CENTER INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status



FROM: KRISOENNA SERVICES, INC.
Name (Printed or typed)

2141 SW 1 ST SUITE 110
Address

MIAMI, FL 33135
City, State & Zip

7864997132
Daytime Telephone number

KRISOENNA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: NEW WORLD MEDICAL & THERAPY CENTER INCARTICLE II PRINCIPAL OFFICEPrincipal street address
2020 SW ST STE 100

Mailing address, if different is:

MIAMI FL 33135ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: MARIA GONZALEZ

P Name and Title: _____

Address 2020 SW 1 ST STE 100

Address: _____

MIAMI, FL 33135Name and Title: YARITZZA GONZALEZ

VP

Name and Title: _____

Address 2020 SW 1 ST STE 100

Address: _____

MIAMI, FL 33135

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: MARIA GONZALEZ

Address: 2020 SW 1 ST STE 100

MIAMI, FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIA GONZALEZ

Address: 2020 SW 1 ST STE 100

MIAMI, FL 33135

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/16/22 (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

Maria Gonzalez
Required Signature/Registered Agent

02/16/22
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.

Maria Gonzalez
Required Signature/Incorporator

Date 02/16/22

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