

4/25/22, 11:31 AM

Division of Corporations

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Florida Department of State
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**FLORIDA PROFIT/NON PROFIT CORPORATION
BONDED BY HOPE THERAPIST INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

S. CHATHAM
APR 26 2022

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Help

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

ARTICLE I NAMEThe name of the corporation shall be: BONDEDBYHOPE THERAPIST INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2715 WEST PALMETTO STTAMPA, FL 33607**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: MIRIAM YADIRA CIVIL CABALLERO (P) Name and Title: _____Address 2715 WEST PALMETTO ST Address: _____TAMPA, FL 33607

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: MIRIAM YADIRA CIVIL CABALLERO
Address: 2715 WEST PALMETTO ST
TAMPA, FL 33607

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: MIRIAM YADIRA CIVIL CABALLERO
Address: 2715 WEST PALMETTO ST
TAMPA, FL 33607

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

Miriam Y Civil Caballero (Apr 22, 2022 15:01 EDT)
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.

Miriam Y Civil Caballero (Apr 25, 2022 15:01 EDT)
Required Signature/Incorporator

Date _____

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