

7/8/22, 3:16 PM

Division of Corporations  
**P22000054845**  
 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 : WF TAXES AND MORE INC.  
 Account Number : 120200000043  
 Phone : (772)879-0010  
 Fax Number : (772)879-0150

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

Email Address: Wftaxes.more@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**1 TO 1 THERAPY INC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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CORPORATION  
COMMERCIAL  
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## COVER LETTER

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

**SUBJECT:** 1 TO 1 THERAPY 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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** YELITZA CHAVES  
Name (Printed or typed)  
5950 NW BRENDA CIR  
Address  
PORT ST. LUCIE, FL 34986  
City, State & Zip  
772-626-8962  
Daytime Telephone number  
WFTAXES.MORE@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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

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: 1 TO 1 THERAPY INC

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address Mailing address, if different is:  
5950 NW BRENDA CIR  
PORT ST. LUCIE, FL 34986

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: YELITZA CHAVES, PRESIDENT Name and Title:  
Address 5950 NW BRENDA CIR Address:  
PORT ST. LUCIE, FL 34986

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: YELITZA CHAVES

Address: 5950 NW BRENDA CIR  
PORT ST. LUCIE, FL 34986

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: WALTER GOMEZ

Address: 508 SW PORT ST LUCIE BLVD  
PORT ST. LUCIE, FL 34953

**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.

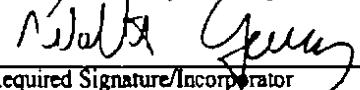
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

07/08/2022

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.*

  
Required Signature/Incorporator

Date 07/08/2022

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