

7/8/22, 3:16 PM

Division of Corporations
 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 : I20200000043
 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

2022 JUL - 8 PM 2:06

FLORIDA PROFIT/NON PROFIT CORPORATION
1 TO 1 THERAPY INC

RECEIVED
2022 JUL - 8 PM 4:15
FLORIDA
DEPARTMENT
OF STATE
DIVISION
OF CORPORATIONS

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

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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

Filing Fee

\$78.75

Filing Fee

& Certificate of Status

\$78.75

Filing Fee
& Certified Copy

\$87.50

Filing Fee,
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)

2023 JUL - 8 PM 2:06
FL

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 1 TO 1 THERAPY INC
The name of the corporation shall be:

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

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

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

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

07/08/2022

Date

2023-08-11 PH 206