Division of Corporations

9/7/22, 10:04 PM

## 00069239

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Pax Number : (850)617-6381

Prom:

Account Name : XOTCHILTH VALDIVIA

Account Number : I20220000026 Phone : (305)332-1478 Fax Number : (305)456-4563

\*\*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 INFINITE POSSIBILITIES THERAPY SERVICES CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.0

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## COVER LETTER

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

SUBJECT:	INFINITE POSSIBILITI (PROPOSED CORPORA	ES THERAPY SERVICE TENAME - MUST INCL		_
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	d a check for:	
⊒ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of	, 74.
		ADDITIONAL CO	DPY REQUIRED	8- 333 E643
FROM:		LYNN DELGADO (Printed or typed)	· 	171 4-
<u></u>	6401 MA	AIN ST APT 204 Address		-
		LAKES, FL 33014 State & Zip		
<u>-</u>		300-2114		
	•	ON22@GMAIL.COM	notification)	

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)

ICLE II PRIN	CIPAL OFFICE		
13,222	Principal street address	Mailing addre	ess, if different is:
401 MAIN ST APT 204 6401 MAIN		6401 MAIN	ST APT 204
IIAMI LAKES,	MI LAKES, FL 33014 MIAMI LAKES, FL 330		ES, FL 33014
Purpose for which	POSE 1 the corporation is organized is: PRO	ESSIONAL CORPORATI	ON
			2
			هـ.) ۱۰۰۵
TICLE IV SHA	RES of stock is: 100		(%) (%) (**) (**)
number of shares	RES of stock is: 100  TIAL OFFICERS AND/OR DIRECTORS		SEC B. Mil
number of shares	of stock is: 100	RESINGNInd Title:	SE - COMM
number of shares	of stock is: 100  TAL OFFICERS AND/OR DIRECTORS		SE - CO MIN 4.
number of shares  TICLE V INT	of stock is: 100  FIAL OFFICERS AND/OR DIRECTORS  itle: NICOLE LYNN DELGADO - P		SE - CO MIN 4.
number of shares  TICLE V INIT  Name and T  Address	of stock is: 100  TAL OFFICERS AND/OR DIRECTORS  itle: NICOLE LYNN DELGADO - P  6401 MAIN ST APT 204  MIAMI LAKES, FL 33014	Address:	SET - CO
number of shares  TICLE V INIT  Name and T  Address  Name and Ti	of stock is:100  FIAL OFFICERS AND/OR DIRECTORS itle: NICOLE LYNN DELGADO - P  6401 MAIN ST APT 204  MIAMI LAKES, FL 33014  ttle:	Address:  Name and Title:	SET - CO
number of shares  TICLE V INIT  Name and T  Address	of stock is: 100  TAL OFFICERS AND/OR DIRECTORS  itle: NICOLE LYNN DELGADO - P  6401 MAIN ST APT 204  MIAMI LAKES, FL 33014	Address:  Name and Title:	SET - CO
number of shares  TICLE V INIT  Name and T  Address  Name and Ti	of stock is:100  FIAL OFFICERS AND/OR DIRECTORS itle: NICOLE LYNN DELGADO - P  6401 MAIN ST APT 204  MIAMI LAKES, FL 33014  ttle:	Address:  Name and Title:  Address:	SET - CO
Name and T  Address  Address	of stock is: 100  TAL OFFICERS AND/OR DIRECTORS  itle: NICOLE LYNN DELGADO - P  6401 MAIN ST APT 204  MIAMI LAKES, FL 33014  tle:	Address:  Name and Title:  Address:	CO TOTAL CO
Name and T  Address  Address	of stock is:	Address:  Name and Title:  Address:  Name and Title:	CO TOTAL CO

p.4

Name and Title:		Name and Title:		
Address		Address:		
		<del>_</del>		
ARTICI F VI	REGISTERED AGENT			
	Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:		
Name:	NICOLE LYNN DELGADO			
Address:	6401 MAIN ST APT 204	·		
	MIAMI LAKES, FL 33014			
			179 179 179	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		. Su	
The name and	address of the Incorporator is:		ı	
Name:	NICOLE LYNN DELGADO		σ.	
Address:	6401 MAIN ST APT 204			
	MIAMI LAKES, FL 33014	<del></del>	01	
Effective date, (If an effective filing.)  Note: If the date.	I EFFECTIVE DATE:  if other than the date of filing:  date is listed, the date must be specific and countering in this block does not meet the applicate effective date on the Department of State's reco	annot be more than five day cable statutory filing requirem	s prior or 90 days after the	
	amed as registered agent to accept service of proc n familiar with and accept the appointment as req			
	W/Am)		09/06/2022	
7	Required Signature/Registered Agent		Date	
	locument and affirm that the facts stated herein to Department of State constitutes a third degree,			
	White I		09/06/2022	
Required Sign	M. Cocorporato!	<del></del>	Date	