

P22000069241

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
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From:

Account Name : KOTCHILTH VALDIVIA
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION
AIH THERAPY SERVICES CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2022 SEP -8 AM 8:06

FLORIDA
DEPARTMENT OF
STATE

COVER LETTER

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

SUBJECT: AIH THERAPY SERVICES CORP
(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: ALICIA I. HALBERSTEIN
Name (Printed or typed)

2000 ATLANTIC SHORES BLVD #502
Address

HALLANDALE, FL 33009
City, State & Zip

305-8076808
Daytime Telephone number

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

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

SEP 8 10:40 AM '01

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: AIH THERAPY SERVICES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2000 ATLANTIC SHORES BLVD #502

2000 ATLANTIC SHORES BLVD #502

HALLANDALE, FL 33009

HALLANDALE, FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFESSIONAL CORPORATION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALICIA I. HALBERSTEIN - PRESIDENT Name and Title: _____

Address 2000 ATLANTIC SHORES BLVD #502 Address: _____

HALLANDALE, FL 33009

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

699 SEP - 8 AM 14:01

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: ALICIA I. HALBERSTEIN
Address: 2000 ATLANTIC SHORES BLVD #502
HALLANDALE, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALICIA I. HALBERSTEIN
Address: 2000 ATLANTIC SHORES BLVD #502
HALLANDALE, FL 33009

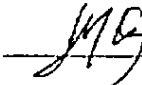
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/06/2022 (OPTIONAL)

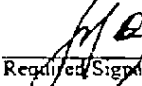
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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
Date 09/06/2022

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 09/06/2022

SEP-08 AM 10:01