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The same of the sa

FLORIDA PROFIT/NON PROFIT CORPORATION

WALNATZ THERAPY, INC.

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COVER LETTER

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SUBJECT:	IECT: WALNATZ THERAPY, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
	•					
Enclosed are an original	inal and one (1) copy of the art	icies of incorporation and	Ta check for.			
≡ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status			
		ADDITIONAL CO	OPY REQUIRED			
FROM:	NA Nam	TALIE PEREZ e (Printed or typed)	· · · · · · · · · · · · · · · · · · ·			
1347 W 42ND PL Address						
		Address				
	HIALEAH, FL 33012 City, State & Zip					
	City	, out to Dip				
		786-502-6277				
	•	l'elephone number				
	MERMAID	/IBEZ301@GMAIL.CC	>M			
	E-mail address: (to be use	ed for future annual report	nourication)			

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)

<u>RTICLE II PRINC</u>	<u>TPAL OFFICE</u> Principal <u>street</u> address	Mailing address, if different is:	
1347 W 42ND	PL	1347 W 42N	D PL
HIALEAH, FL	33012	HIALEAH, FL 33012	
RTICLE III PURPO he purpose for which t	OSE he corporation is organized is: PROFESS	SIONAL CORPORATION	1
		· · · · · ·	
DTWIEW SUAD			22 22 23 24 24 25
RTICLE IV SHAR he number of shares of	<u>zs</u> stock is: <u>100</u>		
			ර්
RTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS		2
Name and Title	NATALIE PEREZ - PRESIDENT	Name and Title:	<u> </u>
Address	1347 W 42ND PL	Address:	00
	HIALEAH, FL 33012	 -	
			
Name and Title	;	Name and Title:	
Address		Address:	
Name and Title		Name and Title:	
Name and Title Address			

Name an	d Title:	Name and Title:	
Address		Address:	
		 	.,,
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	the redistered agent is:	
Narue:	NATALIE PEREZ	na reguleted age, it is.	
Address:	1347 W 42ND PL		
	HIALEAH, FL 33012		
ARTICLE VII	INCORPORATOR		_
The <u>name and a</u>	ditress of the Incorporator is:		2
Name:	NATALIE PEREZ		2) 1) 2)
Address:	1347 W 42ND PL		\tilde{\pi}
	HIALEAH, FL 33012		1
Effective date, if (If an effective of	EFFECTIVE DATE: other than the date of filing: 09/06/2023 late is listed, the date nurst be specific and cannot	2 (OPTIONAL) t be more than five days prior o	or 90 days after the
	inserted in this block does not meet the applicable effective date on the Department of State's records.	starutory filing requirements, this	date will not be listed as
	ned as registered agent to accept service of process fo familiar with and accept the appointment as registere		
	£		09/06/2022
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felony		
1/1/10			09/06/2022
Required Signati	Re-Incorporator	Date	