

**P22000077066**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
MARTINEZ THERAPY SERVICES INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

2022 OCT -6 PM 3:23

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**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: MARTINEZ THERAPY SERVICES INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1265 W 41ST ST APT 1

1265 W 41ST ST APT 1

HIALEAH, FL 33012

HIALEAH, FL 33012

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THERAPY SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES

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

Name and Title: YAITEE MARTINEZ

Name and Title: \_\_\_\_\_

Address

1265 W 41ST ST APT 1

Address: \_\_\_\_\_

HIALEAH, FL 33012

PRESIDENT

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

2022 OCT 6 PM 3:04 FAX

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: YAITEE MARTINEZ  
Address: 1265 W 41ST ST APT 1  
HIALEAH, FL 33012

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: YAITEE MARTINEZ  
Address: 1265 W 41ST ST APT 1  
HIALEAH, FL 33012

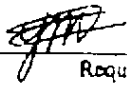
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: OCTOBER 05, 2022 (OPTIONAL)

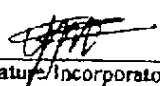
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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*

✓  10/05/2022  
Required Signature/Registered Agent 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.*

✓  10/05/2022  
Required Signature/Incorporator Date

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