

Division of Corporations

P220000385164
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 : GREEN BOX TAX SERVICES INC
Account Number : I20190000123
Phone : (305)928-1137
Fax Number : (786)349-4952

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

Email Address: info@atesiano-tax.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
FRASIS CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: FRASIS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

6900 SW 89TH CTMIAMI FL 33173**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: The purpose of this corporation is to provide therapy services within the state of Florida.**ARTICLE IV SHARES**The number of shares of stock is: 1**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Roxana Iglesias, President

Name and Title: _____

Address 6900 SW 89 CT

Address: _____

Miami FL 33173

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: Green Box Tax Services Inc
 Address: 15715 S Dixie Hwy Ste 211
Miami FL 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Roxana Iglesias
 Address: 6900 Sw 89 Ct
Miami FL 33173

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
 11/04/2022
 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
 11/04/2022
 Date

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