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To:

Division of Corporations

Fax Number :: (850)617-6381.

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*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 AMAZING KIDZ THERAPY CENTERS INC

Certificate of Status	0		
Certified Copy	1		
Page Count	03		
Estimated Charge	\$78.75		

Electronic Filing Menu

Corporate Filing Menu

Help

D. O'KEEFE NOV 15 2022

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I** NAME: The name of the corporation is:

AMAZING KIDZ THERAPY CENTERS INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
9020 SW 137TH AVENUE SUITE 211 MIAMI FL 33186-1435
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
STEPHANE TAALA - P
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:  The name and Florida street address (PO Box not acceptable) of the registered agent is:
STEPHANE TAALA
9020 SW 137TH AVENUE SUITE 211 MIAMI FL 33186-1435
5020 6W 107111 AVENUE GOTTE 211 WILAWIT E 05160-1400
<b>ARTICLE VI INCORPORATOR:</b> The name and address of the Incorporator is:
STEPHANE TAALA

9020 SW 137TH AVENUE SUITE 211 MIAMI FL 33186-1435

## Required Signatures:

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

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.

Incorporator

 $\frac{1 - 1 + -22}{\text{Date}}$ 

2022 NOV 14 PK 3: 06