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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 : CESPEDES CPA, INC
Account Number : I20220000109
Phone : (786)452-4615
Fax Number : (844)773-3487

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

Email Address: manoloian2004@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
B&L THERAPY SERVICES INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2023 1 6 PM 4:39

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Corporate Filing Menu

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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:

B&L THERAPY SERVICES INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is

6438 SW 27TH ST

MIAMI FL 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

'ANY AND ALL LAWFUL BUSINESS'

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BARBARA BEJARANO/PRESIDENT

Name and Title:

Address

6438 SW 27TH ST

Address:

MIAMI FL 33155

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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BARBARA BEJARANO
Address: 6438 SW 27TH ST
MIAMI FL 33155

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: BARBARA BEJARANO
Address: 6438 SW 27TH ST
MIAMI FL 33155


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____, (OPTIONAL)

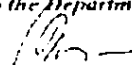
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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.

X  01/06/2023
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 § 817.155, F.S.

X  01/06/2023
Required Signature/Incorporator Date

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