P23000019565

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000095927 3)))

H23000095927 3ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : 120000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
HELPING LIVES THERAPY CORP

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

FILED
23 MAR 14 PM 12:3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

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: HELPING LIVES THERAPY CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is.
10950 SW 160TH ST PALMETTO BAY, FL 33157	

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	KARINA URRACA (P)	Name and Title:	
Address	10950 SW 160TH ST PALMETTO BAY, FL 33157	Address:	N/A
Name and Title:		Name and Title:	
Address	N/A	Address:	N/A
Name and Title:		Name and Title:	
Address	N/A	Address:	N/A

23 MAR 14 PM 12:3

Name and Title: N/A Name and Title: N/A

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: KARINA URRACA

Address: 10950 SW 160TH ST

PALMETTO BAY, FL 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KARINA URRACA

Address: 10950 SW 160TH ST

PALMETTO BAY, FL 33157

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

Karina M. Urraca 3-23-22

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.

Karina Urraca 3-23-22

Required Signature/Incorporator Date

23 MAR 23 P 3:36 FILED FLORIDA