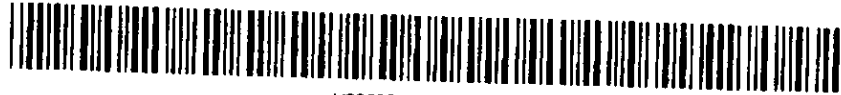


**P23000020643**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**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.

((H23000102426 3)))



H230001024263ABCU

**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 : 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.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
 KB20 THERAPY SERVICES CORP**

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

2023 MAR 17 AM 12:25  
 TALLAHASSEE, FL

**FILED**

2023 MAR 17 PM 3:42

Electronic Filing Menu

Corporate Filing Menu

Help

*[Handwritten signature]*

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:KB20 Therapy Services CORP**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

9482 nw 120 st apt 832 Hialeah Gardens 33018**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Karla Pineiro (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

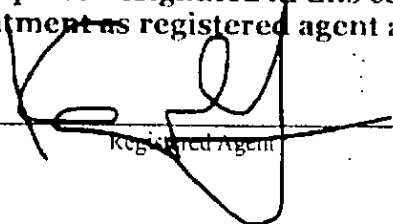
Karla Pineiro9482 Nw 120 st apt 832 hialeah gardens 33018**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Karla Pineiro9482 nw 120 st apt 832 hialeah gardens 33018TALAHASSEE, FL  
COUNTY OF STATE

2023 MAR 17 AM 12:25

FILED

**Required Signatures:**

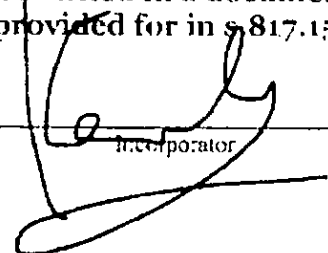
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Registered Agent

03/17/2023

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.

  
\_\_\_\_\_  
Incorporator

03/17/2023

Date

FILED  
2023 MAR 17 AM 12:25  
DEPT. OF STATE  
TALLAHASSEE, FL