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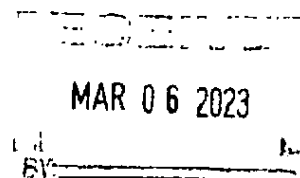
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03/07/23--01010--008 \*\*70.00

*EF 3/24/23*



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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** ASSOCIATES PEDIATRIC THERAPY, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** YOUSIT MELERO  
Name (Printed or typed)

14265 SW 23 LN  
Address

MIAMI, FLORIDA 33175  
City, State & Zip

(305) 781-1404  
Daytime Telephone number

flmultiservices@yahoo.com  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles

SECRETARY OF STATE  
TALLAHASSEE, FL

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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: ASSOCIATES PEDIATRIC THERAPY, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

14265 SW 23 LN  
MIAMI, FLORIDA 33175

Mailing address, if different is:

14265 SW 23 LN  
MIAMI, FLORIDA 33175

**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: ONE HUNDRED SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: YOUSIT MELERO , President

Name and Title: \_\_\_\_\_

Address 14265 SW 23 LN

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

MIAMI, FLORIDA 33175

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

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SECRETARY OF STATE  
TALLAHASSEE FL

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: YOUSIT MELERO

Address: 14265 SW 23 LN

MIAMI, FLORIDA 33175

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: YOUSIT MELERO

Address: 14265 SW 23 LN

MIAMI, FLORIDA 33175

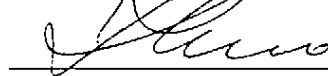
**ARTICLE VIII EFFECTIVE DATE:**

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.

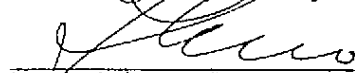
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

2/22/2023  
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 s.817.155, F.S.*



Required Signature/Incorporator

Date

2/22/2023  
Date  
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SECRETARY OF STATE  
TALLAHASSEE, FL

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Name and Title: YOUSIT MELERO, President

Name and Title: \_\_\_\_\_

Address 14265 SW 23 LN

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

MIAMI, FLORIDA 33175

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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Name: YOUSIT MELERO

Address: 14265 SW 23 LN

MIAMI, FLORIDA 33175

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: YOUSIT MELERO

Address: 14265 SW 23 LN

MIAMI, FLORIDA 33175

**ARTICLE VIII EFFECTIVE DATE:**

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

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\_\_\_\_\_  
Required Signature/Registered Agent

2/22/2023  
\_\_\_\_\_  
Date

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\_\_\_\_\_  
Required Signature/Incorporator

2/22/2023  
\_\_\_\_\_  
Date

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TALLAHASSEE, FL