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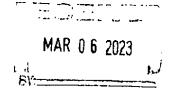
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COVER LETTER

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

SUBJECT:	ASSOCIATES PEDIATRIC THI (PROPOSED CORPORA)	ERAPY, INC		
	(PROPOSED CORPORA)	FE NAME – <u>MUST INCĒ</u>	UDE SUFFIX)	
Enclosed are an ori	ginal and one (1) copy of the artic	cles of incorporation and	i a check for:	
⊠ \$70.00	□ \$78.75	□ \$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of Status	
		ADDITIONAL CO		
FROM:	YOUSIT MELERO			
	Name	(Printed or typed)		
	14265 SW 23 LN			
	14203 344 23 CN	vddress ,		
	MIAMI, FLORIDA 33175			
	City. State & Zip			
_	(305) 781-1404			
	Daytime Telephone number			
	= ay			
	flmultiservices@yahoo.com			
	E-mail address: (to be used for future annual report notification)			
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			ALC ALC	
	NOTE: Please provide the or	riginal and one copy of	the articles	
			(n)	

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Protit)

ARTICLE I NAME The name of the corporat	ion shall be: ASSOCIATES PEDIA	TRIC THERAPY.	INC
ARTICLE II PRINC	IPAL OFFICE Principal <u>street</u> address	Ma 14265 S	ailing address, if different is: W 23 LN FLORIDA 33175
ARTICLE III PURPO The purpose for which the	<u>PSF</u> he corporation is organized is:ANY Af	ND ALL LAWFUL E	BUSINESS
ARTICLE IV SHAR	E.S.		
The number of shares of ARTICLE V INITIA	stock is: ONE HUNDRED SHARES L OFFICERS AND/OR DIRECTORS		
Name and Title Address	YOUSIT MELERO , President 14265 SW 23 LN		
	MIAMI, FLORIDA 33175		
Name and Title:		_ Name and Title:_	
Address		Address:	
			2020 MAR SECRET
Name and Title:		Name and Title:_	
Address			SSEE ST F

	l Title:	Name and Title:
Address		Address:
	REGISTERED AGENT orida street address (P.O. Box NOT acceptab	nle) of the registered agent is:
Name:	YOUSIT MELERO	
Address:	14265 SW 23 LN	
	MIAMI, FLORIDA 33175	
ARTICLE VII	INCORPORATOR	
The <u>name and ad</u>	Idress of the Incorporator is:	
Name:	YOUSIT MELERO	
Address:	14265 SW 23 LN	
	MIAMI, FLORIDA 33175	
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and	(OPTIONAL) cannot be more than five days prior or 90 days after t
filing.) Note: If the date	inserted in this block does not meet the appl ffective date on the Department of State's red	
Mote: If the date the document's e	ffective date on the Department of State's red	cords.
Mote: If the date the document's e	ffective date on the Department of State's recorded as registered agent to accept service of profunitial with and accept the appointment as re	ocess for the above stated corporation at the place designate egistered agent and agree to act in this capacity
Note: If the date the document's e	ffective date on the Department of State's red ned as registered agent to accept service of pro- familian with and accept the appointment as re- Required Signature/Registered Agen	cords. ocess for the above stated corporation at the place designate egistered agent and agree to act in this capacity 2/2/20 Date
Note: If the date the document's e Having been nam certificate, fam f	ffective date on the Department of State's red ned as registered agent to accept service of pro- familian with and accept the appointment as re- Required Signature/Registered Agen	cords. ocess for the above stated corporation at the place designate egistered agent and agree to act in this capacity 2/2/20 Date in are true. I am aware that the false information submi
Note: If the date the document's e Having been nam certificate, fam f	iffective date on the Department of State's red and as registered agent to accept service of pro- familial with and accept the appointment as re- Required Signature/Registered Agen cument and affirm that the facts stated herei Department of State constitutes a third degree	cords. ocess for the above stated corporation at the place designate egistered agent and agree to act in this capacity The Date in are true. I am aware that the false information submit

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### PRINCIPAL OFFICE Principal street address SW 23 IN		tion shall be: ASSOCIATES PEDIA		
14265 SW 23 LN MIAME, FLORIDA 33175 LE III PURPOSE Pose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS LE IV SHARES Pose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS LE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: YOUSIT MELERO President Name and Title: Address MIAMI, FLORIDA 33175 Name and Title: Name and Title: Address: Add	<u>LE II PRINC</u>	Principal street address	Mailing addr	ess, if different is:
DEFIV. SHARES POSE for which the corporation is organized is:ANY AND ALL LAWFUL BUSINESS DESTRUCTION OF THE PURPOSE Name and Title:	65 SW 23 LN			
Dose for which the corporation is organized is:ANY AND ALL LAWFUL BUSINESS LE IV SHARES inher of shares of stock is:ONE HUNDRED SHARES LE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title:YOUSIT MELERO, PresidentName and Title:	MI, FLORIDA 33	175	MLAMS, FLORIDA	33175
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Name and Title: Address Name and Title: Name and Title: Address Name and Title: Address: Address:		le: YOUSIT MELERO President		
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الغريان: 	Name and Tit Address Name and Tit Address	le: YOUSIT MELERO , President 14265 SW 23 LN MIAMI, FLORIDA 33175	Address: Name and Title: Address: Name and Title:	\$\frac{1}{2}\cdot \cdot
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ना सं	Name and Tit Address Name and Tit Address	le: YOUSIT MELERO , President 14265 SW 23 LN MIAMI, FLORIDA 33175	Name and Title:	SECRETARY (

Name and	Title:	Name and Ti	tle:
Address		Address:	
RTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptab	le) of the registered	agent is:
Vame:	YOUSIT MELERO	(a) 01 a2 10g.sa2102	again is
Address:	14265 SW 23 LN		
Address.	MIAMI, FLORIDA 33175		
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and as</u>	idress of the Incorporator is:		
Name:	YOUSIT MELERO		
Address:	14265 SW 23 LN		
	MIAMI, FLORIDA 33175		
the document's o	e inserted in this block does not meet the apple effective date on the Department of State's remed arregistered agent to accept service of profession with and accept the appointment as re-	cords. ocess for the above s	stated corporation at the place designated in the
1	luo		2/20/2013
	Required Signature/Registered Agen		/ Dette
I submit this do document to the	cument and affirm that the facts stated here. Department of State constitutes a third degree	in are true. I am a e felony as provided	poare that the false information submitted in for in s.817.155, F.S.
Reconired Signat	eure/Incorporator		Date 2/22/2023
			SECRETARY OF STA