

# P23000038756

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.

((H23000181737 3)))



H230001817373ABC%

**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

2023 MAY 16 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE FL

FILED

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

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

RECEIVED  
2023 MAY 16 PM 3:38  
CORPORATIONS  
COMMERCIAL  
SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ANYI & ALEX THERAPY SERVICE CORP**

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

Anyi & Alex Therapy Service Corp

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2921 SW 123ct Miami FL 33175

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Arelys Gonzalez Brache (P)

2023 MAY 16 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Arelys Gonzalez Brache  
2921 SW 123ct Miami FL 33175

**ARTICLE VI INCORPORATOR:** The name and address of the Ir incorporator is:

Arelys Gonzalez Brache  
2921 SW 123ct Miami FL 33175

**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

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.



Incorporator

Date

2023 MAY 16 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE FL

FILED