Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019 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 MPL PHYSICAL THERAPY INC

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

Electronic Filing Menu

Comorate Filing Menu

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

	ARTICLE II	PRINCIPAL OF	FICE:	
Т	he principal street	address and mailin	g address is:	
4187 East	9 LN Hialeah Fl	_, 33013		
				
				
ICLE III S	HARES: The nur	nber of shares of st	ock is: 100	•
4 minutari m	T			
ARTICLE	(5)	DIRECTORS AN	D/OR OFFICE	RS:
<u> Liana Losa Q</u> i	uintana (P)			
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				· · · · · · · · · · · · ·
TICLEV	NITIAL REGIST	TERED AGENT A	ND STREET AL	DDRESS:
ame and Florid	da street address (PO Box not accepta	ble) of the registe	red agent is:
ana Losa Qui	ntana			CRE
87 East 9 LN	Hialeah FL, 330	13		AT I
				9 p
			······································	Tales 🗷
ICLE VI 1	NCORPORATO	R: The name and a	idress of the Inco	rporator is:
	ntana			

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.

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