8/1/23, 2:39 PM

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

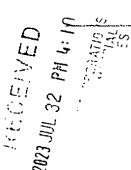
Account Number : 120200000206

Phone : (305)463-6690

Fax Number

: (305)463-6693

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## FLORIDA PROFIT/NON PROFIT CORPORATION

## TherapyLand Inc

Certificate of Status	0
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## ARTICLES OF INCORPORATION

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

	Erasion shall be: Therapy Land VCIPAL OFFICE		
	Principal street address 2 Ave. Higmi F/ 33/43		Mailing address, if different is:
CLE III PUR rpose for which	POSE  1 the corporation is organized is: Any	and all 1	awful business
			202 75
			200 AUG - 1
CLE IV SHA mber of shares of	of stock is:	·	PH 4: 10 COF STATE SSEE, FL
	de: Yoel Legua /Pres: der	$t_{\rm Name}$ and Title	
Address	5690 SW 72 Ave Miami, FL 33143		
		<del></del>	
Name and Titl	e:	Name and Title	·
Address			
Name and Titl	e:	Name and Title:	·
vario and 110			
Address		Address:	

То

Name and Title:	Name and	Title:
Address	Address:	
***************************************		
ARTICLE VI REGISTERED AG The name and Florida street addres	<u>ENT</u> is (P.O. Box NOT acceptable) of the registere	rd agent is:
	• • • • • • • • • • • • • • • • • • • •	•
Address: 5690 50	να υ 72 Ανε	<b>202</b>
Miami, Fa	<u> </u>	POZZAUG -1 ESCRETARY FALLAHAS
ARTICLE VII INCORPORATOR		NASSEE I
The name and address of the Incorpo	prator is:	
	-eyva	PH 4: 10 SSEC. FL
Address: 56 90	SW 72 Ave	m O
<u>Miami,</u>	FL 33143	
ARTICLE VIII EFFECTIVE DAT	TE: of filing:	(ODFION: ALL)
(If an effective date is listed, the da filing.)	ete must be specific and cannot be more th	han five days prior or 90 days after the
Note: If the date inserted in this bloc the document's effective date on the		ing requirements, this date will not be listed as
	ent to accept service of process for the above : cept the appointment as registered agent and	stated corporation at the place designated in thi Lagree to act in this capacity
yh	Signature/Registered Agent	08/01/2023 Date
Aquired S	Signature/Registered Agent	Date
	hat the facts stated herein are true. I am a constitutes a third degree felony as provided	ware that the false information submitted in a I for in s.817.155, F.S.
Required Signature/Incorpyrigion		08/01/2023
Required Signature/Incorpyrigion		Date