



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.

((H23000271573 3)))



H230002715733ABC/

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

****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 AUG -4 PM 3:38

REGISTRARS
CLERK
DES

**FLORIDA PROFIT/NON PROFIT CORPORATION
BAY HEALTH THERAPY CENTER INC.**

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

RECEIVED
STATE
SECRETARY
FLORIDA

AUG 10 10

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Bay Health Therapy Center INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

Bay Health Therapy Center
11285 SW 211th ST Suite 205
Cutler Bay FL 33189**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Luis Anibal Queral (P)

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

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

Luis Anibal Queral
3160 SW 109 CT
Miami FL 33165**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Luis Anibal Queral
3160 SW 109 CT
Miami FL 33165

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

x Luis A. Quekadm 8/4/23
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.

x Luis A. Quekadm 8/4/23
Incorporator Date