

PZ 30000 61156 Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : CESPEDES CPA, INC  
Account Number : 120220000109  
Phone : (786)452-4615  
Fax Number : (844)773-3487

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

Email Address: manoloian2004@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
SYMPATHETRY INC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$70.00 |

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

SECRETARY OF STATE  
TALLAHASSEE, FL

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## ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

SYMPATHERAPY INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

401 NW 59TH CT

MIAMI FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

'ANY AND ALL LAWFUL BUSINESS'

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LAUREN P. VILAU/PRESIDENT

Address 401 NW 59TH CT

MIAMI FL 33126

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

SECRETARY OF STATE  
TALLAHASSEE, FL 32399-0400

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LAUREN P. VILAU  
 Address: 401 NW 59TH CT  
MIAMI FL 33126

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: LAUREN P. VILAU  
 Address: 401 NW 59TH CT  
MIAMI FL 33126

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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*

Lauren Vilau  
 Required Signature/Registered Agent

08/21/2023  
 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.*

Lauren Vilau  
 Required Signature/Incorporator

08/21/2023  
 Date

FILED

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STATE OF  
FLORIDA  
DEPARTMENT OF  
STATE

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