

**P23000061971**  
 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.**

(((H23000294898 3)))



H230002948983ABCC

**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 : BUSINESS WORLD TRANSACTIONS, INC.  
 Account Number : 104512000707  
 Phone : (305)803-2736  
 Fax Number : (305)646-1527

**\*\*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  
 AWA TERAPIA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED  
 2023 AUG 24 PM 3:23  
 DIVISION OF CORPORATIONS  
 FLORIDA DEPARTMENT OF STATE

2023 AUG 24 PM 4:17  
 RECEIVED  
 DIVISION OF CORPORATIONS  
 FLORIDA DEPARTMENT OF STATE

FILED

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I

#### NAME

The name of the corporation shall be: AWA TERAPIA, INC.

### ARTICLE II

#### PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1911 NW N RIVER DRIVE APT #206C  
MIAMI, FL. 33125

### ARTICLE III

#### PURPOSE

The purpose for which the corporation is organized is for "Any and all lawful business".

### ARTICLE IV

#### SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ☐ COMMON SHARES. ☐

### ARTICLE V

#### INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

VICTOR R. PARRA  
1911 NW N RIVER DRIVE APT #206C  
MIAMI, FL. 33125

Prepared by: VICTOR R. PARRA  
1911 NW N RIVER DRIVE APT #206C  
MIAMI, FL. 33125  
954 945-0617  
PARRARAFael366@GMAIL.COM

Electronically Sent By: BUSINESS WORLD TRANS  
7951 S.W. 40 ST. (BIRD RD.) #201  
MIAMI, FL. 33155  
PH # (305) 267-4022  
BUSINESSWORLDTRANSACTIONS@GMAIL.COM

FILED  
2023 AUG 24 PM 4:17  
CLERK OF DISTRICT COURT  
JAIL ATLASSEE, FIDON


**ARTICLE VI**  
**INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

VICTOR R. PARRA  
1911 NW N RIVER DRIVE APT #206C  
MIAMI, FL. 33125

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

24TH day of AUGUST, 2023.


X   
Signature

**ARTICLE VII**  
**OFFICER(S) AND DIRECTOR(S)**

The name(s) and street address(es) of the officer(s) and director(s) to these Articles of Incorporation is(are):

VICTOR R. PARRA  
1911 NW N RIVER DRIVE APT #206C  
MIAMI, FL. 33125

DIRECTOR & PRESIDENT

X   
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

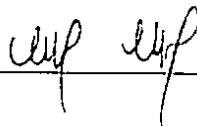
PURSUANT TO THE PROVISIONS OF SECTION 607, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: AWA THERAPIA, INC.
2. The name and address of the registered agent and office is:

VICTOR R. PARRA  
1911 NW N RIVER DRIVE APT #206C  
MIAMI, FL. 33125

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as*

*registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

X  \_\_\_\_\_  
(SIGNATURE)

AUGUST 24, 2023