

9/28/23, 12:36 PM

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 : BILZIN SUMBERG BAENA PRICE &amp; AXELROD LLP

Account Number : 075350000132

Phone : (305)374-7580

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

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## FLORIDA PROFIT/NON PROFIT CORPORATION

## Gonzalez Physical Therapy Inc.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

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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: Gonzalez Physical Therapy Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4250 SW 67th Avenue, Apt. 18Miami, Florida 33155**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to transact any or all lawful business.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Yusnelis Gonzalez Mendez - President, Director Name and Title: \_\_\_\_\_Address 4250 SW 67th Avenue, Apt. 18 Address: \_\_\_\_\_Miami, Florida 33155 \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: Yusnelis Gonzalez MendezAddress: 4250 SW 67th Avenue, Apt. 18Miami, Florida 33155**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Yusnelis Gonzalez MendezAddress: 4250 SW 67th Avenue, Apt. 18Miami, Florida 33155**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*  
\_\_\_\_\_  
Electronic Signature (Sep 28, 2023 1:06 PM)

Required Signature/Registered Agent

Sep 28, 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.*  
\_\_\_\_\_  
Electronic Signature (Sep 28, 2023 1:06 PM)

Required Signature/Incorporator

Sep 28, 2023

Date

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