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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.

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FLORIDA PROFIT/NON PROFIT CORPORATION ESTRADA THERAPY SERVICES CORP

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

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Corporate Filing Menu

Help

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01:21:15 p.m. 10-17-2023

1.73

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

	ARTICLE I NAME: The name of the corporation is:
	Estrada Therapy Services Corp
	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is: 2 500 31 5+ree+
	Hialean, FL 33012
RTICLI	EIII SHARES: The number of shares of stock is: 100
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
	Yaronni Estrada, President
-	
	
	
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	LE V INITIAL REGISTERED AGENT AND STREET ADDRIES: and Florida street address (PO Box not acceptable) of the registered agent is:
	Yaronni Estrada
	2000 31 street
	H1altah, FL 33012
RTICL	E VI INCORPORATOR: The name and address of the Incorporator in a
	EVI INCORPORATOR: The name and address of the Incorporator is: \(\frac{1}{2} \)
	2000 31 Street H1417 a h . FL 33012

*305

01:21:22 p.m. 1:)-17~2023

2/3

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

Registered Agent 10/17/2023

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.

10 17 2023 Indepression Date

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