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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 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:\_

## FLORIDA PROFIT/NON PROFIT CORPORATION **AMERICAN THERAPY INC**

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

Help

T. MATTHEWS OCT 30 2023

FILED

## ARTICLES OF INCORPORATION 23 OCT 27 PM 4:51

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
AMERICAN Therapy Inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
-11137 SW 161 St
111.37 SW 161 ST MiAMI FORIDA 33157.
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
- HANDY MENDOZA (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
HANDY MENIDOZA
11132 SW 16154 pliami Florida 3515
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
HANDY MENDOZA
HANDY HENDOZA  11132 SW 161 ST
MIAMI FL 33157

## 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 empacity

l ate

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.

> Incorporator Cate