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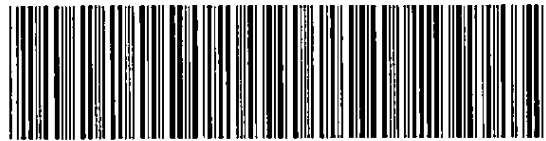
(Business Entity Name)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2023

WILLIAM MANCERA
8263 BARTON FARMS BLVD.
SARASOTA, FL 34240 US

SUBJECT: CAYCEDO THERAPY
Ref. Number: W23000086325

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DIVISION OF CORPORATIONS
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We received your online transmitted document. However, the document has not been filed for the following:

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If you have any further questions concerning your document, please call (850) 245-6052.

Crystal S Hightower
Regulatory Specialist II
CoT

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Caycedo Therapy
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: William Mancera
Name (Printed or typed)
8263 Barton Farms Blvd.
Address
Sarasota, FL 34240
City, State & Zip
(941) 504-9158
Daytime Telephone number
mancera_24@hotmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: Caycedo Therapy Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8263 Barton Farms Blvd
Sarasota, FL 34240

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide therapy services.

ARTICLE IV SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Irma E. Caycedo - President Name and Title: _____

Address: 8263 Barton Farms Blvd Address: _____
Sarasota, FL 34240

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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: Irma E. Caycedo
Address: 8263 Barton Farms Blvd
Sarasota, FL 34240

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: William Mancera
Address: 8263 Barton Farms Blvd
Sarasota, FL 34240

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TALLAHASSEE, FL

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

Irma Elena Caycedo
Required Signature/Registered Agent

05/24/2023
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.

[Signature]
Required Signature/Incorporator

05/24/2023
Date