

1/3/24, 3:00 PM

Division of Corporations

R24000002813

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : MEDICAL BILLING CONSULTANTS, INC.
Account Number : 120200000206
Phone : (305)463-6690
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61071

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

Email Address: childrenkingdomtherapistcenter@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Children's Kingdom Therapists Center Inc

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

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FED

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Corporate Filing Menu

Help

T. SCOTT

JAN - 4 2024

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: Children's Kingdom Therapists Center Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
5532 Biscayne Dr

Greenacres, FL 33463

Mailing address, if different is:
5532 Biscayne Dr

Greenacres, FL 33463

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All and any lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rosa E. Rodriguez / President

Address 5532 Biscayne Dr
Greenacres, FL 33463

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

2024 JAN -3 AM 4:42

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: Rosa E. Rodriguez
Address: 5532 Biscayne Dr
Greenacres, FL 33463

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rosa E. Rodriguez
Address: 5532 Biscayne Dr
Greenacres, FL 33463

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

Required Signature/Registered Agent 01/03/24
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.

Required Signature/Incorporator 01/03/24
Date