

**Electronic Articles of Incorporation  
For**

P24000018779  
FILED  
March 12, 2024  
Sec. Of State  
lyarbrough

LAKES THERAPY SERVICES, PA

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

**Article I**

The name of the corporation is:

LAKES THERAPY SERVICES, PA

**Article II**

The principal place of business address:

2839 LAKE SAXON DR  
LAND O LAKES, FL. 34639

The mailing address of the corporation is:

2839 LAKE SAXON DR  
LAND O LAKES, FL. 34639

**Article III**

The purpose for which this corporation is organized is:

REHABILITATION AND THERAPY SERVICES

**Article IV**

The number of shares the corporation is authorized to issue is:

100

**Article V**

The name and Florida street address of the registered agent is:

LAURA SEIVERD  
2839 LAKE SAXON DR  
LAND O LAKES, FL. 34639

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: LAURA SEIVERD

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## **Article VI**

The name and address of the incorporator is:

LAURA SEIVERD  
2839 LAKE SAXON DR

LAND O LAKES, FL 34639

Electronic Signature of Incorporator: LAURA SEIVERD

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P  
LAURA SEIVERD  
2839 LAKE SAXON DR  
LAND O LAKES, FL. 34639