

To:

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2024-05-17 19:29:22 GMT

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From: Luciana Puentes

5/17/24, 2:55 PM

P 240000 33662

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.
Account Number : I2020000206
Phone : (305)463-6690
Fax Number : (305)463-6693

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

Email Address: _____

RECEIVED
2024 MAY 17 PM 5:08
CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION

Joyful Joints Therapy Corp

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

FILED
2024 MAY 17 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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Corporate Filing Menu

Help

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: Joyful Joints Therapy Corp

ARTICLE II PRINCIPAL OFFICE
Principal street address: 14 W Plumosa LN, Lake Worth, FL 33467
Mailing address, if different is: 14 W Plumosa LN, Lake Worth, FL 33467

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES
The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Andrea Gonzalez / President
Address: 14 W Plumosa LN, Lake Worth, FL 33467

Name and Title: Stephanie Guadagno / VP
Address: 14 W Plumosa LN, Lake Worth, FL 33467

Name and Title:
Address:

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2024 MAY 17 PM 12:18
STATE OF FLORIDA
SECRETARY OF STATE

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: Andrea Gonzalez
Address: 14 W Plumosa LN
Lake Worth, FL 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Andrea Gonzalez
Address: 14 W Plumosa LN
Lake Worth, FL 33467

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 5/17/24
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 5/17/24
Date