

P 24000034359  
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 : LAZARUS CORPORATE FILING SERVICE, INC.  
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RECEIVED  
2014 MAY 20 PM 5:54  
CORPORATIONS  
COMMERCIAL  
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION  
SERENDIPITY THERAPY SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

5712

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

Serendipity therapy Services , Inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

12460 sw 8th St Suite 205 Miami ,Florida 33184.

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

President - Maria Isabel Velazquez Hermoso

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Maria Isabel Velazquez Hermoso

12460 sw 8th St Suite 205 Miami ,Florida 33184.

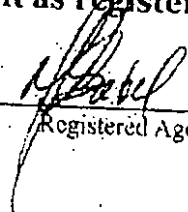
**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Maria Isabel Velazquez Hermoso

12460 sw 8th St Suite 205 Miami ,Florida 33184.

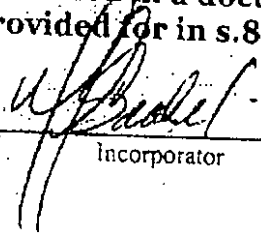
**Required Signatures:**

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 capacity

  
\_\_\_\_\_  
Registered Agent

05/20/2024  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator

05/20/2024  
\_\_\_\_\_  
Date