

Jun 22 2024 3:16pm

DMG Financial Services

543208

**P240000042589**

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 : DMG FINANCIAL SERVICES INC  
Account Number : I20230000151  
Phone : (305)595-2407  
Fax Number : (305)595-2408

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ELITE QUALITY THERAPY INC**

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

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DIVISIONAL  
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**COVER LETTER**

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

**SUBJECT:** ELITE QUALITY THERAPY INC

(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: MARIA E RUIZ  
\_\_\_\_\_  
Name (Printed or typed)  
7750 SW 117TH AVE SUITE 203  
\_\_\_\_\_  
Address  
MIAMI FLORIDA 33183  
\_\_\_\_\_  
City, State & Zip  
305 595-2407  
\_\_\_\_\_  
Daytime Telephone number  
MARIAQUIROS9@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: ELITE QUALITY THERAPY INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address10691 NORTH KENDALL DRIVE SUITE 300

Mailing address, if different is:

MIAMI FLORIDA 33176**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSE**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ENEIDYS DONATO, PRES

Name and Title: \_\_\_\_\_

Address

2201 LUDLAM ROAD APT 748

Address: \_\_\_\_\_

MIAMI FLORIDA 33155

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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: ENEIDYS DONATO

Address: 2201 LUDLAM ROAD APT 748

MIAMI FLORIDA 33155

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

Name: ENEIDYS DONATO

Address: 2201 LUDLAM ROAD APT 748

MIAMI FLORIDA 33155

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/25/2024 (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.*

X \_\_\_\_\_  
Required Signature/Registered Agent

06/21/2024

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.*

X \_\_\_\_\_  
Required Signature/Incorporator

06/21/2024

Date