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Division of Corporations

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

From:  
Account Name : MEDICAL BILLING CONSULTANTS, INC.  
Account Number : I20200000206  
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: Leo.jva24@icloud.com

FLORIDA PROFIT/NON PROFIT CORPORATION

VibrantSteps Therapy Inc

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

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Vibrant Steps Therapy IncARTICLE II PRINCIPAL OFFICEPrincipal street address  
7480 FairWay Dr, Ste 208Mailing address, if different is:  
508 NE 1st PLMiami Lakes, FL 33014Cape Coral, FL 33909ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Any and all lawful businessARTICLE IV SHARESThe number of shares of stock is: 10ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Leonardo J. Valdes Aguirre / PresidentAddress: 508 NE 1st PLCape Coral, FL 33909

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

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

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

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

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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: Leonardo J. Valdes Aguirre  
Address: 508 NE 1<sup>st</sup> PL  
Cape Coral, FL 33909

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Leonardo J. Valdes Aguirre  
Address: 508 NE 1<sup>st</sup> PL  
Cape Coral, FL 33909

**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  
9/20/24  
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  
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