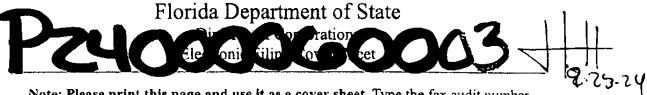
9/20/24, 8:12 AM

To:

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000320568 3)))



H240003205683ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

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: Lcoj Va 240 icloud. com

## FLORIDA PROFIT/NON PROFIT CORPORATION

VibrantSteps Therapy Inc

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

24 SEP 20 AM 7: 25

N L O E I V E

Electronic Filing Menu

Corporate Filing Menu

Help



To:

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

ARTICLE I NAME The name of the corpora	tion shall be: Vibrant Steps	Therapy	Inc	
article II Princ 7480 FairWay	CIPAL OFFICE Principal street address 3 Dr. Ste 208	508 X	iailing address, if differen	it is:
	FL 33014	•	Coral, FL 3	
The purpose for which	OSE the corporation is organized is: Any	and all 1	awful bus; n	<u> </u>
				-
ARTICLE IV SHAR The number of shares of	<u>ES</u> Stock is: <u>(                                   </u>			
ARTICLE V INITIA	Leonardo J. Valdes Agui	me/Preside	n+	
Address	300 NE 1 1 E	_ Address: _		
	Cape Coral, FL 33909	<u> </u>		
Name and Title		_ Name and Title:_		
Address		_ Address; _		31 VIS
		- -		SEP 2
Name and Title	:	_ Name and Title:_		_ ೦ ನಿಌ್ಲ=
Address		_ Address: _		\$ IAIE 07 ATH
				ON'S

Name and Title:	Name and Title:
Address	Address:
<del>*************************************</del>	
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptate Name:  Leonards J. Valdes A  Address: 508 NE 1st PL  Cape Coral, FL 3396	guirre
ARTICLE VII INCORPORATOR	<del></del>
The name and address of the Incorporator is:	
Name: Lonardo J. Valdes A	quine
Address: 508 NE 1st PL Cape Coral, FL 3	3909
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and filing.)	
Note: If the date inserted in this block does not meet the app the document's effective date on the Department of State's re	licable statutory filing requirements, this date will not be listed as ecords.
Having been named as registered agent to accept service of proceedificate, I am familiar with and accept the appointment as t	
Required Fignature Registered Age	9/20/24 Date
document to the Department of State constitutes a third degre	9/28/24 = 50
Required Signature/Incorporate	SEP 20 F
	会の つの マー・ マー・ マー・ マー・ マー・ マー・ マー・ マー・