

**P2400075669**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

((H24000412389 3)))



H240004123893ABC0

**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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*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  
PHYX ALIGN CORP**

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

2024 DEC 16 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**RECEIVED**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

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

Phyx Align Corp

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

5251 Sw 7th street, Coral Gables, Miami, FL 33134

**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Hector Hernandez Rodriguez (P)

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

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

5251 Sw 7th street, Coral Gables, Miami, FL 33134

Hector Hernandez Rodriguez

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

5251 Sw 7th street, Coral Gables, Miami, FL 33134

Hector Hernandez Rodriguez

2024 DEC 16 PM 12:55  
CLERK OF STATE  
TALLAHASSEE FLORIDA

FILED

**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

12/11/2024

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

12/11/2024

Date

FILED

2024 DEC 16 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA