

5/26/22, 10:19 AM

A2200041213

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 : I20200000286
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: homelandpatrol305@gmail.com

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CORPORATIONS
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**FLORIDA PROFIT/NON PROFIT CORPORATION
Pediatric Therapist Group Inc**

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

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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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: Pediatric Therapist Group Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
7844 NW 200 ST

Mailing address, if different is:

Hiawah, FL 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Mirtha Cordero / P</u>	Name and Title:	_____
Address	<u>7844 NW 200 ST</u>	Address:	_____
	<u>Hiawah, FL 33015</u>		_____

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: Mirtha Cordero
 Address: 7844 NW 200 ST
Hialeah, FL 33015

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mirtha Cordero
 Address: 7844 NW 200 ST
Hialeah, FL 33015

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 05/26/2022
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 05/26/2022
Date