N99000001394

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

300002793153---¹ -03/03/99--01042--016 *****87.50 ******87.50

SUBJECT: Sum Reserved Center Ivc.

(Proposed corporate name - must include suffi

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 Filing Fee

\$78.75

Filing Fee & Certificate of

Status

□\$78.75

2 \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Karry Hechtman
Name (Printed or typed)

Miami, Florida 33143 City, State & Zip

305 · 270 · 0014 X 101

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Not for Profit Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Sum Research Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8100 South West 81 Drive #210 Miami, FL 33143

ARTICLE III PURPOSE (S)

The specific purpose(s) for which the corporation is organized is (are):

Advance knowledge in the recognition, treatment, rehabilitation and prevention of musculoskeletal injuries with emphasis on basic science studies related to the musculosskeletal system.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

Vote of Stockholders

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Barry Hechtman 8100 South West 81 drive #210 Miami, FL 33143

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Barry Hechtman 8100 South West 81 drive #210 Miami, FL 33143

Signature/Incorporator

Date

Having been named as registered agent and to accept services of process for the above stated corporation

at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent