P. 001

Page 1 of 1

Florida Department of State Division of Corporations Public Access System

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.

(((H090001756073)))



H090001758073ABC

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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

DEFARISTENT OF STATE

FLORIDA PROFIT/NON PROFIT CORPORATIO

UNIVERSE THERAPY CENTER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

1009 AUG -4 AM 11: 29

TLED

Electronic Filing Menu

Corporate Filing Menu

Help

TEMPOLE VIRE 0 2 5000

(((H09000175607)))

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:

UNIVERSE THERAPY CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 8181 NW 36 STREET STE: 30

DORAL, FL 33166

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:

SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ARISTIDES LAZARO SOCORRO (P/D)

8181 NW 36 STREET STE: 30

DORAL, FL 33166

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ARISTIDES LAZARO SOCORRO

8181 NW 36 STREET STE: 30

DORAL, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ARISTIDES LAZARO SOCORRO

6181 NW 36 STREET STE: 30

DORAL, FL 33166

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

Signature/Registered Agent

Date

08-03-09

Date

08-03-09

Date

2009 AUG -4 AM II: 2!

,