

**H14000098059**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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To: Division of Corporations  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
M & B THERAPY INC**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 DEC -5 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

EFFECTIVE: 1-1-15

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

M & B Therapy INC

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2200 SW 16<sup>th</sup> St.

St. 224

Miami, FL. 33145

**ARTICLE III SHARES:** The number of shares of stock is:

100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Silvija Mijatovic (PD)

STATE OF FLORIDA  
TALLAHASSEE

14 DEC -5 PM 12:42

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

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

Silvija Mijatovic

2200 SW 16<sup>th</sup> St. St. 224

Miami, FL. 33145

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

Silvija Mijatovic

2200 SW 16<sup>th</sup> St. St. 224

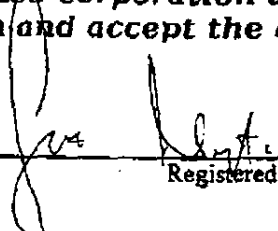
Miami, FL. 33145

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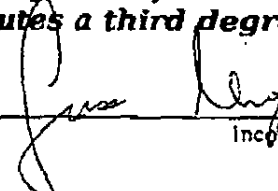
**Required Signatures:**

**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

12-4-14  
 \_\_\_\_\_  
 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

12-4-14  
 \_\_\_\_\_  
 Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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