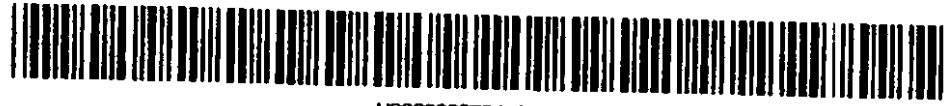


P2 00000006503  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

((H20000027944 3)))



H200000279443ABC

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To: Division of Corporations  
Fax Number : (850)617-6381  
From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : 12000000019  
Phone : (305)552-5973  
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\*\*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  
THE ULTIMATE THERAPY GROUP, INC

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

2020 JAN 27 PM 4:39  
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Second Request

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

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

The Ultimate Therapy Group, INC

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4790 NW 7 St Suite 212  
Miami, Fla 33126

**ARTICLE III SHARES:** The number of shares of stock is: 100

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

Lidia Marisel Perez (P)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

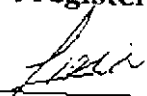
Lidia Marisel Perez  
4790 NW 7 St Suite 212  
Miami FL 33126

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

Lidia Marisel Perez  
4790 NW 7 St Suite 212  
Miami FL 33126


**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

01-24-20  
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

01-24-20  
Date