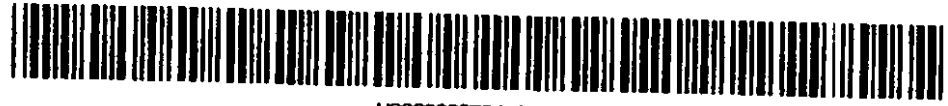


P2 0000000003
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

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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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FLORIDA PROFIT/NON PROFIT CORPORATION
THE ULTIMATE THERAPY GROUP, INC

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

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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, FL 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

[Signature] _____ 01-24-20
Registered Agent 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.

[Signature] _____ 01-24-20
Incorporator Date