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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
MED THERAPY SOLUTION INC**

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

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Corporate Filing Menu

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JUL 19 2017

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

H17000183171

ARTICLE I NAME: The name of the corporation is:MED THERAPY SOLUTION INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

6517 SW 112 PL
Miami FL 33173**ARTICLE III SHARES:** The number of shares of stock is: 10050% EACH**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ELIZABETH ZAMORA (P)
Natacha Valdes (V)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Natacha Valdes
6517 SW 112 PL
Miami FL 33173**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Natacha Valdes
6517 SW 112 PL
Miami FL 33173FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF MIAMI
FLORIDA

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07/18/2017 16:30 3052201440

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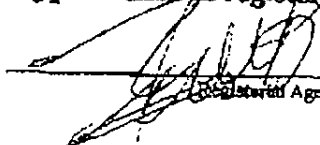
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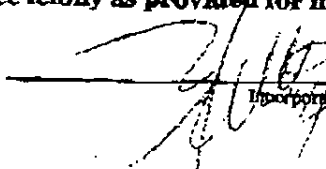
Required Signatures:

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 *Nathaniel Vickery* Date *07/14/17*

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 § 817.135, F.S.



Incorporator *Nathaniel Vickery* Date *07/14/17*

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