

P 000000 26904

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
00 MAR -9 AM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: MAGNETIC THERAPY CORP.
(Proposed corporate name - must include suffix)

3000003163383-4
-03/09/00-01038-001
*****78.75 *****78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: KENNETH LICARI
Name (Printed or typed)

3224 AMACA CR
Address

ORLANDO, FL 32837
City, State & Zip

407-859-6016
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

RECEIVED MAR 1 6 2000

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: **MAGNETIC THERAPY CORP.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**3224 AMACA CR
ORLANDO, FL 32837**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES OF MAGNETIC HEALTH THERAPY PRODUCTS

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es): **KENNETH J. LICARI (PRESIDENT)**

3224 AMACA CR

ORLANDO, FL 32837

(VICE PRESIDENT)

(SECRETARY)

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

KENNETH J. LICARI

3224 AMACA CR

ORLANDO, FL 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

KENNETH J. LICARI

3224 AMACA CR

ORLANDO, FL 32837

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kenneth J. Licari
Signature/Registered Agent

Kenneth J. Licari
Signature/Incorporator

3-6-00

Date

3-6-00

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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