

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

100003154681--4
-03/02/00--01075-014
*****87.75 *****87.75

SUBJECT: Therapeutic Medical, Inc.
(Proposed corporate name - must include suffix)

~~100003154681--4~~
~~-03/02/00--01075-014~~
~~*****87.75 *****87.75~~

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: Luckner Stimpfite
Name (Printed or typed)

1551 University Wood Place
Address

Tampa FL 33612
City, State & Zip

(813) 910-4383
Daytime Telephone number

FILED
00 MAR 23 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

624
1000-6295

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



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 8, 2000

LUCKNER STIMPHILE
1551 UNIVERSITY WOOD PLACE
TAMPA, FL 33612

SUBJECT: THERAPEUTIC MEDICAL, INC.
Ref. Number: W00000006295

We have received your document for THERAPEUTIC MEDICAL, INC.. However, the document has not been filed and is being returned for the following:

The document must have original signatures.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6973.

Claretha Golden
Document Specialist

Letter Number: 900A00013022

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Therapeutic Medical, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*6106 N. Nebraska Ave
Tampa, FL 33604*

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

*Luckner Stimpfili
6106 N. NEBRASKA Ave
TAMPA FL 33604*

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

*Luckner Stimpfili
6106 N NEBRASKA Ave
TAMPA FL 33604*

[Signature]
Signature/Incorporator

2/25/00
Date

(An additional article must be added if an effective date is requested.)

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

[Signature]
Signature/Registered Agent

2/25/00
Date

FILED
00 MAR 23 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA