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SECRETARY OF
TALLAHASSEE, FL

02 DEC 11 PM 12:30

(Requestor's Name)

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PICK-UP

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MAIL

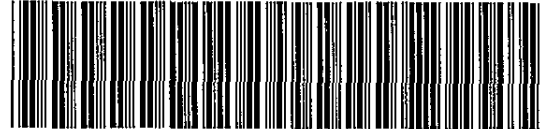
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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12/11/02--01036--010 **78.75

RECEIVED
02 DEC 11 AM 11:39
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

pay
12/11/02

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. UNITED THERAPY CENTER CORPORATION
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

Examiner's Initials

The undersigned incorporator (s), for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopt(s) The following Articles of Incorporation.

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TALLAHASSEE, FLORIDA

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ARTICLE I – NAME

The name of the corporation shall be:

UNITED THERAPY CENTER CORPORATION

ARTICLE II – PRINCIPAL OFFICE

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

1830 N.W 7 STREET
SUITE # 1000
MIAMI FLORIDA 33125

ARTICLE III – SHARES

The number of shares of stock that this corporation is authorized to have Outstanding at one time is: 100

ARTICLE IV – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

IGOR MARTINEZ
1830 N.W 7 STREET
SUITE# 1000
MIAMI FL. 33125

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TALLAHASSEE, FLORIDA

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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of

Incorporation is: IGOR MARTINEZ
1830 N.W 7 STREET SUITE# 1000
MIAMI FLORIDA 33125

The undersigned incorporator has executed these Article of
Incorporation this 10 day of December 2002


Signature

ARTICLE VI - DIRECTOR(S)

The name(s) and street address(es) of the director (s) to these Articles of
Incorporation is (are):

IGOR MARTINEZ (PRESIDENT)
1830 N.W 7 STREET
SUITE #1000
MIAMI FLORIDA 33125

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been named as Registered Agent and accept services of process for the above
stated corporation at 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 related to the proper and complete performance of my duties,
and I am familiar with and accept the obligations of my position as Registered Agent.


Registered Agent Signature