

# Florida Department of State

Division of Corporations Public Access System

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.

(((H03000004865 9)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : SIEGELAUB, LIEBERMAN & ABSOCIATES, P.A.

Account Number : 119990000058 Phone : (954)753-6042 Fax Number : (954)753-1123

# FLORIDA PROFIT CORPORATION OR P.A.

V V M THERAPY, INC.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

# ARTICLES OF INCORPORATION OF

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

ARTICLE ONE

NAME

The name of the corporation shall be: V V M Therapy, Inc.

ARTICLE TWO-

## PRINCIPAL OFFICE

The principle place of business and mailing address of this Corporation shall be:

1316 Cordova Road Ft. Lauderdale, Fl 33316

SIEGELAUB, LIEBERMAN & ASSOCIATES, P.A. 9690 W. Sample Road SUITE 202 CORAL SPRINGS, FL 33065 (954)753-2222 H030000048659

TALLISHINGSEE, FLORIDA

# ARTICLE THREE CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at one time is one thousand shares of common stock with a par value of one dollar.

### ARTICLE FOUR

### INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

Veronique Manchec

1316 Cordova Road

Ft. Lauderdale, Fl 33316

ARTICLE FIVE

INCORPORATOR

The name and address of the Incorporator is:

Veronique Manchec

1316 Cordova Road

Ft. Lauderdale, Fl. 33316

H030000048659

The undersigned has executed these Articles of Incorporation. This  $6^{th}$  day of January.

Signature:

Dates

### CERTIFICATE OF DESIGNATED REGISTERED AGENT

Pursuant to the provisions of section 607.0501 Florida Statutes, the Undersigned Corporation, under the Laws of the State of Florida submits to the following statement designating the registered agent in the State of Florida.

- The name of the corporation is: V V N Therapy, Inc.
- 2. The name and address of the registered agent

Veronique MancHec 1316 Cordova Road

Ft. Lauderdale, X1 33316

Signature:

Date:

H030000048659

Having been named as the Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I accept the appointment as Registered Agent and agree to comply with the provisions of all the 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.

Signatura:

hate.

H030000048659

SECRETARY OF STAIL
TALLAHASSEE, FLORIDA