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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/Sţate/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Eiling Officer	
Special instructions to	Filling Officer,	
<u> </u>		
	Office Use On	ly
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SECRETARY OF STATE
TALL AHASSEE

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Lisa N. Pugliese 1671 Brandywine Rd. Apt. 2217 West Palm Beach, FL 33409

4-08-2003

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

Re: LNP Theralpy

Enclosed please find the original and one copy of the Articles of Incorporation, together with a money order in the amount of \$78.25.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Lisa N. Pugliese LNP Therapy

Jusa n. Pugliese (561)-478.7399

ARTICLES OF INCORPORATION

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Rusiness Corporation Act, adopt(s) the

the following articles of incorporation for such		i under the Horida Basiles.	s corporation 71	et, adopt(s)
	ARTICLE I - COR	PORATE NAME		
The name of the corporation is:	HERAPY	INCI	SECT	3
This corporation shall exist perpetually u	ARTICLE II		HASSEE, FLORIDA	RILED 35
	ARTICLE III -	PURPOSE	- 	
The corporation is organized for the purp United States and the State of Florida.	oose of engaging in	any activities or business p	ermitted under (the laws of the
The corporation is authorized to issue	ARTICLE IV - CA	APITAL STOCK common stock, par value \$	100	per share.
ART. The street address of the initial principal		PRINCIPAL OFFICE ent, the mailing address is:		
STREET ADDRESS (67) BRAN	DYWING	Roma		
APT 2217	7			
CITY WEST PALM BEACH		FLORIDA	ZIP	33409
Mailing address, if different				······································
STREET ADDRESS	•			
CITY		FLORIDA	ZIP	
ARTICLE VI -	INITIAL REGIST	ERED OFFICE AND AC	GENT	

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	CISA	N, (عهراه	دعد				
ADDRESS	1671	BRAND	TWINE	ROAT	APT.	2217		
CITY Wes	T PAC	m Bear	C P	FLORIDA	A.		ZIP	33409

ither increased or diminished from time to time by the By-Law ddresses of the initial director(s) of the corporation are as follows: NAME LISA N PUGLIESE ADDRESS 1517 BRANDY WIND ROAD CITY WEST PALM BEACH	ox/e-	e (1). The names and
NAME LISA NICCLIESE		
ADDRESS 1617 DRANDY WINE ROAD	Het. 221)	
CITY WEST TALM BEALD	STATE /- LORIDA	ZIP 53409
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS	<u> </u>	
CITY	STATE	ZIP
The names and addresses of the incorporators signing these Arti		ows:
The names and addresses of the incorporators signing these Arti	cles of Incorporation are as follo	ows:
	cles of Incorporation are as follo	zip 3 3409
The names and addresses of the incorporators signing these Arti	cles of Incorporation are as follo	
NAME LISA N PUGLIESE ADDRESS 1671 BRANDY Conve ROAD CITY WEST Porch BRACO	cles of Incorporation are as follo	
NAME LISA N PUGLIESE ADDRESS 1671 BRANDY CHIVE ROAD CITY WEST PALM BLACE NAME	cles of Incorporation are as follo	
NAME LISA N PUGLIESE ADDRESS 1671 BRANDY CONVE ROAD CITY WEST PALM BRACE NAME ADDRESS	STATE FLORIDA	ZIP 3 -3404
NAME LISA N PUGLIESE ADDRESS 1671 BRANDY CONVE ROAD CITY WEST PALM BRACE NAME ADDRESS CITY	STATE FLORIDA	ZIP 3 -3404
NAME LISA N PUGLIESE ADDRESS 1671 BRANDY CONVE ROAD CITY WEST PALM BRACE NAME ADDRESS CITY NAME	STATE STATE	ZIP 3340Q ZIP
NAME LISA N PUG LIESE ADDRESS 1671 BRANDY Colore ROAD CITY West Polar Beach NAME ADDRESS CITY NAME ADDRESS ADDRESS	STATE STATE	ZIP 3 -340 6 ZIP

(Signature)

(Signature)

· CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

LN8	THERAPY, INC	FILED SECRETARY OF ST
	(name of corporation)	TATE 36

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

		DYMINE R		2217	
We	25T PALM	Bency, G	330	tas	
has named	C1SA	N. Pue	ALIER		

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

d'San, Pyglese 4/12/2003 (Signature) (Date)