

P03000090231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

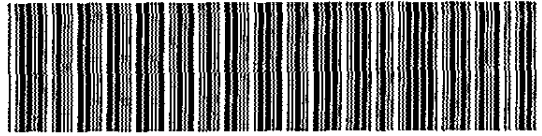
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
03 AUG 14 AM 2:26  
STATE OF FLORIDA  
TALLAHASSEE

**TRANSMITTAL LETTER**

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

**SUBJECT:** MEDICAL EXERCISE CENTER USA, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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:** SILVIA GUERRERO  
Name (Printed or typed)

2648 NW 112 AVE  
Address

MIAMI, FL 33172  
City, State & Zip

305 592 1077  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

03 AUG 14 AM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

MEDICAL EXERCISE CENTER USA, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

2648 NW 112 AVE

MIAMI, FL 33172

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PREVENTION GYMS, REHAB, SALES EQUIPMENT

**ARTICLE IV SHARES**

The number of shares of stock is:

ONE THOUSAND

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

SILVIA GUERRERO

2648 NW 112 AVE

MIAMI, FL 33172

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

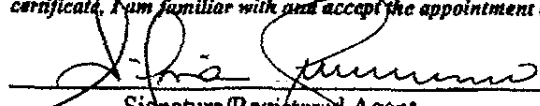
SILVIA GUERRERO

2648 NW 112 AVE

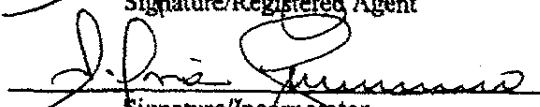
MIAMI, FL 33172

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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date