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\_\_\_\_\_  
(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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TALLAHASSEE, FLORIDA

## 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      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)

## ARTICLE I NAME

The name of the corporation shall be:

MEDICAL EXERCISE CENTER USA, INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling 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

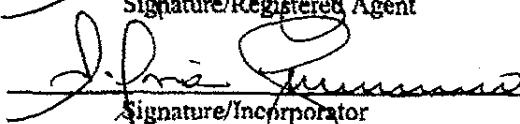
MIAMI, FL 33172

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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

03 AUG 14 AM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA