

P03000090231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

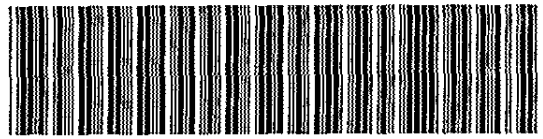
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800022072418

08/14/03--01012--012 **87.50

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

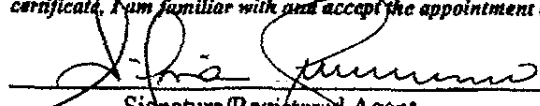
The name and address of the Incorporator is:

SILVIA GUERRERO

2648 NW 112 AVE

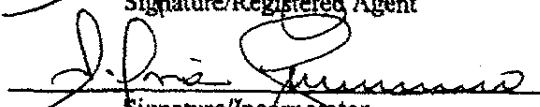
MIAMI, FL 33172

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