

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.

((H05000144773 3)))

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 : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

FULL CYCLE ~~CORP.~~ Therapy, Corp.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 13, 2005

FAS-T CORP. AGENTS, INC.

SUBJECT: FULL CYCLE, CORP.  
REF: W05000028896

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Name conflict with P95000049046, VULL CYCLE, INC.

If you have any further questions concerning your document, please call (850) 245-6933.

Dale White  
Document Specialist  
New Filings Section

FAX And. #: H05000144773  
Letter Number: 205A00040873

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

*Ref. Butts*

**ARTICLE OF INCORPORATION  
OF**

**Full Cycle Therapy, Corp.**

**THE UNDERSIGNED, FOR THE PURPOSE OF FORMING A CORPORATION  
UNDER THE FLORIDA GENERAL CORPORATION ACT, DO HEREBY  
ADOPT THE FOLLOWING ARTICLES OF INCORPORATION:**

**ARTICLE ONE**

***THE NAME OF THE CORPORATION: Full Cycle Therapy, Corp.***

**ARTICLE TWO**

**THE DURATION OF THE CORPORATION IS PERPETUAL**

**ARTICLE THREE**

**THE GENERAL PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS:**

**1. TO ENGAGE IN THE BUSINESS OF ANY AND ALL LAWFUL BUSINESS  
CONNECTED WITH *Colon Hydro Therapy & Therapeutic Massage***

**2. TO TRANSACT ANY OTHER LAWFUL BUSINESS FOR WHICH  
CORPORATIONS MAY BE INCORPORATED UNDER THE FLORIDA GENERAL  
CORPORATION ACT, AND ENGAGE IN ANY OTHER TRADE OR BUSINESS  
WHICH CAN, BE ADVANTAGEOUSLY CARRIED ON IN CONNECTION WITH  
OR AUXILIARY TO THE FOREGOING BUSINESS.**

**3. TO DO SUCH THINGS AS ARE INCIDENTAL TO THE FOREGOING OR  
NECESSARY OR DESIRABLE IN ORDER TO ACCOMPLISH THE FOREGOING.**

**ARTICLE FOUR**

**THE AGGREGATE NUMBER OF SHARES WHICH THE CORPORATION IS  
AUTHORISED TO ISSUE IS 1000 SHARES. SUCH SHARES SHALL BE OF A  
SINGLE CLASS, AND SHALL HAVE A PAR VALUE OF \$1.00**

**ARTICLE FIVE**

**THE STREET ADDRESS OF THE INITIAL REGISTERED AND PRINCIPAL OFFICE  
OF THE CORPORATION IS: 300 Euclid Avenue, #102, Miami Beach, Fl 33139 AND  
THE NAME OF ITS INITIAL REGISTERED AGENT AT SUCH ADDRESS IS:  
ReGina Francois.**

ARTICLE SIX

THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS OF THE CORPORATION IS ONE (1) THE NAME AND ADDRESS OF EACH PERSON WHO IS TO SERVE AS A MEMBER OF THE INITIAL BOARD OF DIRECTORS:

**PRESIDENT:** ReGina Francois, 300 Euclid Avenue, #102, Miami Beach, Fl 33139.

**SECRETARY:**

**TREASURER:**

**VICE PRESIDENT:**

---

ARTICLE SEVEN

THE NAME AND ADDRESS OF THE INCORPORATOR IS AS FOLLOWS:  
ReGina Francois 300 Euclid Avenue, #102 Miami Beach, Fl 33139 IS OF, THE  
UNDERSIGNED HAS MADE AND SUBSCRIBED THESE ARTICLES OF  
INCORPORATION AT DADE COUNTY, FLORIDA THIS 25 DAY OF June, 2005.

  
\_\_\_\_\_  
INCORPORATOR  
ReGina Francois

STATE OF FLORIDA

*BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS  
IN THE STATE AND COUNTY SET FORTH ABOVE, PERSONALLY APPEARED*

ReGina Francois

KNOWN TO BE AND KNOWN BY ME TO BE THE PERSON WHO EXECUTED  
THE FOREGOING ARTICLES OF INCORPORATION, AND HE/SHE  
ACKNOWLEDGED BEFORE ME THAT HE/SHE EXECUTED THOSE ARTICLES  
OF INCORPORATION. *IN EYEWITNESS WHEREOF, I HAVE SET HAND SEAL IN  
THE STATE AND COUNTY ABOVE, ON 25 DAY OF June, 2005.*

---

NOTARY PUBLIC  
STATE OF FLORIDA  
COMMISSION EXPIRES

ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED CORPORATION, AT THE PLACE DESIGNATED IN THESE ARTICLES, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER PERFORMANCE OF MY DUTIES.

  
REGISTERED AGENT  
ReGina Francois

STATE OF FLORIDA

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENT IN THE STATE AND COUNTY SET FORTH ABOVE, PERSONALLY APPEARED ReGina Francois KNOWN TO BE AND KNOWN BY ME TO EXECUTE THE FOREGOING ACCEPTANCE BY REGISTERED AGENT, AND HE ACKNOWLEDGED BEFORE ME THAT HE EXECUTED THAT ACCEPTANCE ON 25 DAY OF June, 2005

---

NOTARY PUBLIC  
STATE OF FLORIDA  
COMMISSION EXPIRES