

P070000009736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

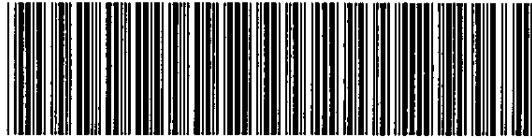
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

COVER LETTER

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

SUBJECT: MIDZ THERAPY SERVICES 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: MICHAEL L DELEZ

Name (Printed or typed)

6437 NW 54 COURT

Address

LAUDERHILL, FL 33319

City, State & Zip

954-612-2015

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:

MIDZ THERAPY SERVICES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6437 NW 54 COURT
LAUDERHILL, FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THERAPY SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MICHAEL L DELEZ
6437 NW 54 COURT
LAUDERHILL, FL 33319

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MICHAEL L DELEZ
6437 NW 54 COURT
LAUDERHILL, FL 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL L DELEZ
6437 NW 54 COURT
LAUDERHILL, FL 33319

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



Signature/Incorporator

✓ 1/18/07

Date

✓ 1/18/07

Date

FILED
07 JAN 22 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA