

PO70000022368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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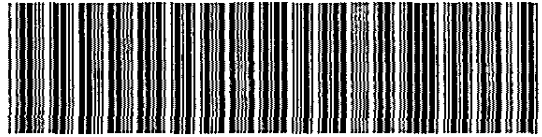
(Business Entity Name)

(Document Number)

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

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07 FEB 19 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: THERAPEUTIC SERVICES OF MIAMI 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: THERAPEUTIC SERVICES OF MIAMI INC.  
Name (Printed or typed)

4355 N.W. 203 ST.  
Address

MIAMI, FL 33055  
City, State & Zip

(786) 299-4961  
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:

THERAPEUTIC SERVICES OF MIAMI, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4355 NW 203 ST.  
MIAMI, FL 33055

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A PROFESSIONAL CORPORATION

### 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):

JORGE GARZON  
4355 NW 203 ST.  
MIAMI, FL 33055

### ARTICLE VI REGISTERED AGENT

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

JORGE GARZON  
4355 NW 203 ST.  
MIAMI, FL 33055

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JORGE GARZON  
4355 NW 203 ST.  
MIAMI, FL 33055

\*\*\*\*\*  
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

Date

Date

FILED  
07 FEB 19 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA