

P08000071063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

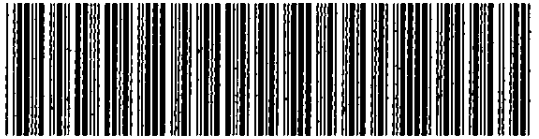
(Business Entity Name)

(Document Number)

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APPROVED
AND
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08 JUL 29 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. McKnight JUL 29 2008

W08-31084

COVER LETTER

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

SUBJECT: TheraFlow, 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: Bryan Christopher Torres

Name (Printed or typed)

14444 SW 46 Terrace

Address

Miami, FL 33175

City, State & Zip

(305) 310-6735

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2008

BRAYAN CHRISTOPHER TORRES
14444 SW 46 TERRACE
MIAMI, FL 33175

SUBJECT: THERAFLOW
Ref. Number: W08000031084

We have received your document for THERAFLOW and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 008A00038769

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:

TheraFlow, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

14444 SW 46 Terrace
Miami, FL 33175-6834

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide consumers with medical products.

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):

Bryan Christopher Torres, 14444 SW 46 Terrace Miami, FL 33175-6834, Chief Executive Officer (CEO)

ARTICLE VI REGISTERED AGENT

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

Law Offices of Eduardo A. Canal, 3971 SW 8th Street Suite 210 Miami, FL 33134, (305) 444-9068

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Bryan Christopher Torres, 14444 SW 46 Terrace Miami, FL 33175-6834

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUL 29 PM 1:21

APPROVED
AND
FILED

7/21/08
Date

7/21/08
Date