

P88000071350

(Requestor's Name)

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☐ PICK-UP ☐ WAIT ☐ MAIL

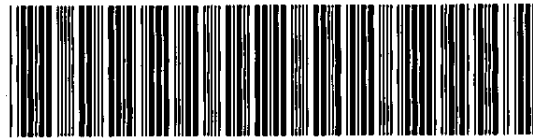
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
08 JUL 29 AM 10:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2008 JUL 29 A 10
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

88-002-200

LAZARUS

CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. CYCLE THERPY, INC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in
☐ Mail out

☒ Pick up time 2.00
☐ Will wait

☐ Photocopy

☒ Certified Copy
☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☒ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

ARTICLE OF INCORPORATION
OF
CYCLE THERPY, INC.

FILED
2009 JUL 29 A 10:21
SECRETARY OF STATE
ALLIANCE SEE FLORIDA

The undersigned to this Article of Incorporation, Natural Person competent to contract to and form a corporation for profit.

ARTICLE 1-NAME

The name of the corporation is CYCLE THERPY, INC... The principal place of business shall be at 2347 N.W. ALIBA AVE, OPA LOCKA, and FLORIDA 33054.

ARTICLE 11-NATURAL OF BUSINESS

The Corporation may engage in any activities of business permitted under the laws of the United States and this State. These activities may include, but are not limited to the operation of the following business.

- a) To engage in the business activities of MOTOR CYCLE SUCH as buying, selling & repairs; Also the sales Motor Cycle Parts.
- b) To engage in the business of MOTOR CYCLE SALES AND REPAIRS for any person, firm, Association without restriction in this State any any other State of the United State.
- c) To conduct any and all type of business and operation, to have one or more Offices/establishment in this State and any other State of the United States.
- d)To borrow money and conduct debt when necessary in the purchase or acquisition of real, personal and intangible property: business right or franchise; for additional working capital, in this State or for any other State of the United States.
- E)To exercise all of the owners which are now, or may hereafter be conferred upon corporation generally by the laws of the United States and of this State.

ARTICLE 111-CAPITAL STOCK

MAXIMUM NUMBER OF SHARES OF COMMON STOCK THAT THIS CORPORATION IS authorized to have outstanding at any time is (1,000)

SHARES OF COMMON STOCK, EACH HAVING A PAR VALUE OF (\$50.00) DOLLORS.

ARTICLE 1V-INITIAL CAPITAL

The amount of the initial Capital with which this corporation shall begin business is (\$50,000.00).

ARTICLE V-TERMS OF EXISTENCE

This Corporation shall have perpetual existence, unless sooner dissolve by laws.

**ARTICLE V1-INITIAL REGISTERED
OFFICE AND AGENT**

The Street address of this corporation is: 2347 N.W. ALIBA AVE, OPA LOCKA FL. 33054.

ARTICLE V-DIRECTORS

This corporation shall have (2) DIRECTORS Initial whose name and street address is as follows:

NAME	ADDRESS
MAGALY C. SOTO PRESIDENT/TREASURER	8859 N.W. 169 TERRACE MIAMI, FLORIDA 33018
JIMMY A SOTO V. PRESIDENT/SECRETARY	8859 N.W. 169 TERRACE MIAMI, FLORIDA 33018

ARTICLE V111-SUBSCRIBERS

The name and address of the subscribers to these Article of Incorporation and the number of shares of the \$50.00 par value common stock which they agree to take is as follows:

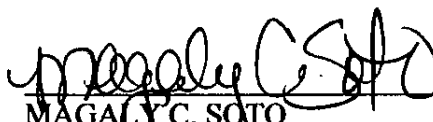
NAME	SHARES	ADDRESS
MAGALY C. SOTO PRESIDENT/TREASURER /	50%	8859 N.W. 169 TERRACE MIAMI, FLORIDA 33018

JIMMY A. SOTO
V. PRESIDENT/SECRETARY

50%

8859 N.W. 169 TERRACE
MIAMI, FLORIDA 33018

IN WITNESS WHEREOF, I have hereunto set my hand and seal, acknowledge
and filled the foregoing Article of Incorporation under the laws of the State of
Florida this _____ day of _____ 2008



MAGALY C. SOTO
PRESIDENT/TREASURER



JIMMY A. SOTO
V. PRESIDENT/SECRETARY

STATE OF FLORIDA)
AS)
COUNTY OF BROWARD)

BEFORE ME, personally appear MAGALY C. SOTO & HIMMY A. SOTO to
me well known and known to be the individual describes in and who execute the
foregoing Article of Incorporation, and acknowledge before me that execute the
same for the purpose therein expressed.

WITNESS MY, hand and official seal in the County of the State named above
This _____ day _____ 2008.

Notary public, State of Florida
AT Large.

MY COMMISSION EXPIRES: _____

CERTIFICATION OF RESIDENT AGENT

Pursuant to the provisions of section 607.0501 Or 617.0501, Florida Statutes, the Undersigned Corporation organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

First that MAGALY C. SOTO & JIMMY A. SOTO

Desiring to organize under the laws of the State of

With its principal office, as indicated in the article Incorporation has

Named CYCLE THERPY, INC

Located at 2347 NW ALI BABA AVE

City of MIAMI

State of FLORIDA

County of DADE

State of Florida

FILED
JUL 29 A 10:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

As its agent to accept service of process within this State.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY, I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Magaly C. Soto
MAGALY C. SOTO