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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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TO ACKNOWLEDGE SUFFICIENCY OF FILING OFFARIMENT OF STATE OF STATE OF STATE OF CORPORATION OF CORPORATIO

AUG 2 8 2009

# **LAZARUS**

## **CORPORATE FILING SERVICE**

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

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| ,                                     | Office Use Only                                   | ·              |
| RPORATION NAME(S) & DOCU              | MENT NUMBER(S), (if known):                       |                |
| MEDIFY There                          | LCare INC.  |                |
| (Corporation Name)                    | (Document #)                                      |                |
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| [7]/www.                              |   |                |
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| Mail out Will wait                    | Photocopy Certificate of                          | Status         |
| EW FILINGS                            | <u>AMENDMENTS</u>                                 |                |
| Profit                                | Amendment   |                |
| Not for Profit                        | Resignation of R.A., Officer/Directo              | r              |
| Limited Liability Domestication       | Change of Registered Agent Dissolution/Withdrawal | •              |
| Other                                 | ☐ Merger  |                |
| THER FILINGS                          | REGISTRATION/QUALIFICATION                        |                |
| Annual Report                         | ☐ Foreign   |                |
| Fictitious Name                       | Limited Partnership                               |                |
|                                       | Reinstatement Trademark                           |                |
|                                       | Other   |                |
|                                       |   | <del></del>    |
| DE031(7/97)                           | Examiner's In                                     | <u>iitials</u> |

#### ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE:

MEDLEY THERACAME, INC.

**ARTICLE II - PRINCIPAL OFFICE** 

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

7911 NW 72 rd Ave # 103 Miami FL 33166

#### **ARTICLE III - SHARES**

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

150

**ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS** 

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

PONTUD ASSEE.

7911 NW 72 ND AVE # 103

Miami FL 33166

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### **ARTICLE V - INCORPORATOR**

|      |                       |                                | OR TO TI                               | HESE  |
|------|-----------------------|--------------------------------|--|---|
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| -FL  | 3                     | 3166                           | }                                      |   |
|      | ncorpo<br>ASSEI<br>72 | NCORPORATION<br>ASSEE<br>72 ND | NCORPORATION IS:<br>ASSEE<br>72 ND AVE | SS OF THE INCORPORATOR TO THE INCORPORATION IS:  ASSEE  72 ND AVE # 1  FL 33166 |

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES
OF INCORPORATION THIS

26 DAY OF AUGUST, 2009

SIGNATURE

**ARTICLE VI - DIRECTOR(S)** 

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

RONALD ASSEE- (P) RACHEL DEL VAlle - (VP) ÷

3

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

**OFFICE** 

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE