

Florida Department of State **Division of Corporations** Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION MCJ THERAPY SERVICES INC.

Certificate of Status 0 Certified Copy 1 Page Count 03 Estimated Charge \$78.75

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FROM : LAZARÚS

FAX NO. :3052201440

Dec. 09 2009 06:16PM P2

H 0 9 0 0 0 2 5 5 4 5 8 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 ! - NAME

THE NAME OF THE CORPORATION SHALL BE:

MCJ THERAPY SERVICES INC.

ARTICLE II - PRINCIPAL OFFICE

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

5900 NW 44 ST # 601 FT LAUDERDALE FL 33319

ARTICLE III - SHARES

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

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

MARCIA C. JONES 5900 NW 44 St. #601 FT. LAUDERSALE FL 33319

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SECRETARY OF STATE

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FAX NO. :3052201440

FROM : LAZARUS

H09000255458

ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

MARCIA C JONES

5900 NW 44* STREET #601

FT LAUDERDALE FL 33319

The undersigned incorporator has executed these Articles of Incorporation this

9 day of DECEMBER. 2009

Signature

ARTICLE VI-DIRECTOR (S)

The name(s) and street address (es) of the director(s) to those Articles of Incorporation is (are):

MARCIA C. JONES (President)
5900 NW 44 St #601
FT. LAUDERDALE FL 33319

2009 DEC -9 AM 9: 27
SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

i inving been named as Registered Agent and to accept service of process for the above stated in potation 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 the utes 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

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