

Division of Corporations

P/0000019418

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000044698 3)))



H100000446983ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

FILED
10 MAR -3 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION JOY THERAPY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

RECEIVED
10 MAR -3 AM 8:22
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

177RS 3/4

03/02/2010 17:41
830-617-6381

3054851098

BERRIZ&GIRALDO
3/1/2010 1:28:55 PM PAGE 1/001 Fax Server

PAGE 02



March 1, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BERRIZ & GIRALDO P.A.

SUBJECT: JOY THERAPY, INC.
REF: W10000010190

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L08000024600 (JOY OF THERAPY, P.L.L.C.).

If you have any further questions concerning your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

FAX Aud. #: H10000044698
Letter Number: 610A00004950

1100000446983
ARTICLES OF CORPORATION
OF

FILED
10 MAR -3 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JOY THERAPY SERVICES, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

JOY THERAPY SERVICES, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
To have perpetual succession by its corporate

name:

JOY THERAPY SERVICES, INC.

CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 488-9300

1100000446983

H100000446983

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Registered Agent of this corporation shall be:

**ADRIANA SARMIENTO
1010 SEMINOLE DRIVE # 108
FT. LAUDERDALE, FL. 33304**

The principal office shall be:

**1010 SEMINOLE DRIVE # 108
FT. LAUDERDALE, FL. 33304**

H100000446983

H100000446983

ARTICLE VI

The initial Board of Directors shall consist of a total of **TWO(02)** person, and the name and address of the person who is to serve as an initial director is:

ADRIANA SARMIENTO
1010 SEMINOLE DRIVE # 108
FT. LAUDERDALE, FL. 33304

PRESIDENT

OSCAR SOLIS
1010 SEMINOLE DRIVE # 108
FT. LAUDERDALE, FL. 33304

VICEPRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

ADRIANA SARMIENTO
1010 SEMINOLE DRIVE # 108
FT. LAUDERDALE, FL. 33304

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this FEBRUARY 20, 2010


ADRIANA SARMIENTO

H100000446983

FILED
10 MAR -3 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H1 00000 446983

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 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.

1. The Name of the corporation is:

JOY THERAPY SERVICES, INC

2. The Name and Address of the registered agent and office is wireless

**ADRIANA SARMIENTO
1010 SEMINOLE DRIVE # 108
FT. LAUDERDALE, FL. 33304**

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



Dated: FEBRUARY 20 2010.

H1 00000 446983

FILED
10 MAR -3 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA