

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION  
COMPLETE THERAPY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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# 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:

COMPLETE THERAPY, INC.

## ARTICLE II PRINCIPAL OFFICE

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

55 WEST 3 STREET

HIALEAH, FL 33010

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

## ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ALEXY LEIVA 55 WEST 3rd ST

(P/D) HIALEAH, FL

33010

## ARTICLE VI REGISTERED AGENT

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

ALEXY LEIVA

55 WEST 3rd ST

HIALEAH, FL 33010

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALEXY LEIVA

55 WEST 3rd ST

HIALEAH, FL 33010

\*\*\*\*\*

*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

03-10-2010

\_\_\_\_\_  
Date

03-10-2010

\_\_\_\_\_  
Date

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