

10/8/2010 12:27:30 3054851098 BERRIZ G GERALDO PAG 01  
Division of Corporations of 2

# PI 0000082465

## Florida Department of State

Division of Corporations

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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

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

Email Address: \_\_\_\_\_

*This corporation will start operating on January 15, 2011.*

**FLORIDA PROFIT/NON PROFIT CORPORATION  
M & M ORTHOPEDIC PHYSICAL THERAPY, CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	05
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ARTICLES OF CORPORATION

OF Effective Date 01, 01, 11

**M & M ORTHOPEDIC PHYSICAL THERAPY, CORP.**

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:

**M & M ORTHOPEDIC PHYSICAL THERAPY, CORP.**

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:

**M & M ORTHOPEDIC PHYSICAL THERAPY, CORP.**

CLARA GIRALDO P.A.  
4080 SW 84 AVE SUITE C  
MIAMI, FL 33155  
(305) 485-9300

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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#### 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:

**VIVIAN MARMOLEJO  
16668 GOLFVIEW DRIVE  
WESTON, FL. 33326**

The principal office shall be:

**16668 GOLFVIEW DRIVE  
WESTON, FL. 33326**

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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:

**VIVIAN MARMOLEJO**  
**16668 GOLFVIEW DRIVE**  
**WESTON, FL. 33326**

**PRESIDENT**

**DIDIER MARMOLEJO**  
**16668 GOLFVIEW DRIVE**  
**WESTON, FL. 33326**

**VICEPRESIDENT**

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

**VIVIAN MARMOLEJO**  
**16668 GOLFVIEW DRIVE**  
**WESTON, FL. 33326**

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this OCTOBER 07, 2010

  
**VIVIAN MARMOLEJO**

ARTICLE VII

THIS CORPORATION WILL START OPERATING ON JANUARY 1<sup>ST</sup>, 2011

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**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:

**M & M ORTHOPEDIC PHYSICAL THERAPY, CORP.**

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

**VIVIAN MARMOLEJO  
15668 GOLFVIEW DRIVE  
WESTON, FL 33326**

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

*[Signature]*  
Dated: OCTOBER 07, 2010

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TALLAHASSEE, FLORIDA

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