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(Requestor's Name)

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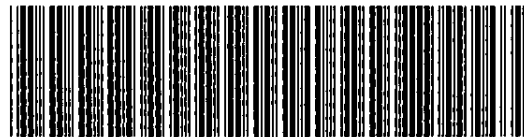
(Business Entity Name)

(Document Number)

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## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: **THERAPEUTIC SOLUTIONS OF FLORIDA CORP**  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: Monique SERRES  
Name (Printed or typed)

533 34TH ST  
Address

WEST PALM BEACH FL 33407  
City, State & Zip

561 598 8648  
Daytime Telephone number

contact@therapeuticsolutionsofflorida.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 18, 2010

MONIQUE SERRES  
533 34TH ST  
WEST PALM BEACH, FL 33407

SUBJECT: THERAPEUTIC SOLUTIONS OF FLORIDA CORP  
Ref. Number: W10000054298

We have received your document for THERAPEUTIC SOLUTIONS OF FLORIDA CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.**

An effective date may be added to the Articles of Incorporation **if a 2011 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 810A00027170

## **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:

**AMERICAN THERAPEUTIC SOLUTIONS CORP**

### **ARTICLE II - PRINCIPAL OFFICE**

Principal street address

**AMERICAN THERAPEUTIC SOLUTIONS CORP**

**378 Northlake Blvd Suite 248**

**NORTH PALM BEACH FL 33408**

### **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: **100**

### **ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Monique SERRES, Director**

Address: **533 34<sup>th</sup> St**

**WEST PALM BEACH FL 33407**

### **ARTICLE VI - REGISTERED AGENT**

The registered agent is:

Name: **Monique SERRES**

Address: **533 34<sup>TH</sup> St**

**WEST PALM BEACH FL 33407**

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII - INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Monique SERRES

Address: 533 34<sup>TH</sup> St

WEST PALM BEACH FL 33407

**ARTICLE VIII - EFFECTIVE DATE**

The effective date shall be **JANUARY 10<sup>TH</sup> 2011**

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

Required Signature

  
\_\_\_\_\_  
Registered Agent

JANUARY 5, 2011  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature

  
\_\_\_\_\_  
Incorporator

JANUARY 5, 2011  
Date

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2011 JAN 10 PM 4:41  
STATE  
TALLAHASSEE, FLORIDA