

P11000046374

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W11000022507 SC
4-21-11

dec slip

COVER LETTER

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

SUBJECT: **FISIOMEDICA INTERNATIONAL, 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: **ALVAREZ, JORGE L.**

Name (Printed or typed)

15511 SW 152nd LANE,

Address

MIAMI, FL 33187

City, State & Zip

786-256-0118

Daytime Telephone number

jalvarezacct@yahoo.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 16 PM 12:08

71170

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2011

JORGE L. ALVAREZ
15511 SW 152ND LANE
MIAMI, FL 33187

SUBJECT: FISIOMEDICA INTERNATIONAL, CORP.
Ref. Number: W11000022507

We have received your document for FISIOMEDICA INTERNATIONAL, 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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) 245-6913.

Diane Cushing
Regulatory Specialist II Supervisor
New Filing Section

Letter Number: 811A00009764

AFFIDAVIT

State of Florida

County of Miami Dade

FILED
2011 MAY 16 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BEFORE ME, the undersigned authority, personally appeared Ana Maria Rivas, and after being duly sworn, deposes and says:

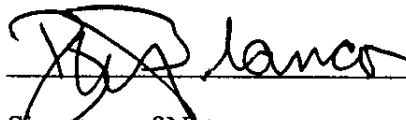
1. Fisio Medica International, Inc. was a Florida Corporation.
2. On April 26, 2011, Fisio Medica International Inc. was voluntarily dissolved.
3. I was the Vice-President of Fisio Medica International, Inc. until its dissolution.
4. It was dissolved as authorized by a majority of the directors.
5. The net assets of the corporation have been distributed to the shareholders and no debts remain unpaid.
6. The directors of Fisio Medica have no intention of revoking the dissolution effective April 26, 2011.
7. The directors hereby release the name Fisio Medica International for use to a different and separate entity.


Ana Maria Rivas

State of Florida

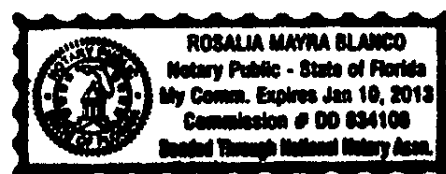
County of Miami Dade

Sworn to and subscribed before me this 13th day of May, 2011 by Ana Maria Rivas.


Signature of Notary

Personally Known X or Produced Identification _____

Type of Identification Produced N/A



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: **FISIOMEDICA INTERNATIONAL, CORP.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
2333 BRICKELL AVE.
PH 101
MIAMI, FL 33129, US

Mailing address, if different is:

15511 SW 152nd LANE.
MIAMI, FL 33187, US

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Corporate purpose is "Any and lawful business"

ARTICLE IV SHARES

The number of shares of stock is: **100 Shares @ \$5.00 each = Total =\$500.00**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____
Address: _____

Name and Title: **BONDAVALLI, ENRICO. PD**
Address: TARABAY RES PRODOMCA # 7-A
EL MARQUES, CARACAS.
MIRANDA 1070, VENEZUELA

Name and Title: _____
Address: _____

Name and Title: **PIZARRO, GLORIA. VSP**
Address: TARABAY RES PRODOMCA # 7-A
EL MARQUES, CARACAS.
MIRANDA 1070, VENEZUELA

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ALVAREZ TAGLE FINANCIAL SERVICES, INC.
Address: 15511 SW 152nd LANE
MIAMI, FL 33187, US

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALVAREZ, JORGE L.
Address: 15511 SW 152nd LANE
MIAMI, FL 33187, US

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

Mayo 11, 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

Mayo 11, 2011

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA