

P11000050578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

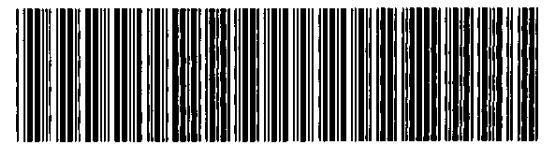
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 MAY 26 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
FILED

5/27
2011
8

COVER LETTER

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

SUBJECT: CRYOTHERAPY PRODUCTS INC.
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: JORGE CABALLERO
Name (Printed or typed)

1804 S.W. 81st. TERRACE
Address

DAVIE, FLA. 33324
City, State & Zip

954 2849340
Daytime Telephone number

JORGE CABALLERO14@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME **CRYOTHERAPY PRODUCTS INC.**
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1804 S.W. 81 TERRACE, DAVIE FLA 33324

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to manufacture, distribute and sell the Anucure device for hemorrhoids and other cryotherapy products.

ARTICLE IV SHARES

The number of shares of stock is: one thousand (1.000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jorge Caballero, President Name and Title: _____
Address: 1804 S.W. 81 Terrace, Davie Fla. 33324 Address: _____

Name and Title: Nancy Caballero, Vice President Name and Title: _____
Address: 1804 S.W. 81 Terrace, Davie Fla 33324 Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Jorge Caballero
Address: 1804 S.W. 81 Terrace, Davie Fla. 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jorge Caballero
Address: 1804 S.W. 81 Terrace Davie Fla 33324

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ARTICLE VII

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

Jorge Caballero
Required Signature/Registered Agent

MAY 9, 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.

Jorge Caballero
Required Signature/Incorporator

MAY 9, 2011
Date