

P11000069241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100210325101

08/01/11--01015--022 **70.00

FILED
11 AUG - 1 PM 1:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRP
8/2

COVER LETTER

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

SUBJECT: **THERAPY WELLNESS SOLUTION 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: **LEISY CORREA**

Name (Printed or typed)

1150 NW 72 AVE SUITE 502

Address

MIAMI, FL 33126

City, State & Zip

786-972-7191

Daytime Telephone number

customer@ahaccountingservices.com

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

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

AFFIDAVIT

FILED

11 AUG -1 PM 1:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Miami, July 26, 2011

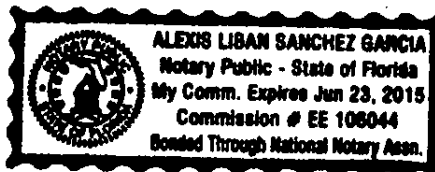
To: Whom it may concern

From: Leisy Correa

I HAVE NO INTENTION TO REVOKE THE DISSOLUTION OF THE COMPANY "THERAPY WELLNESS SOLUTION CORP", BEARING FILE NUMBER #N11000004656, DISSOLVED JULY 25, 2011 (ATTACHED LETTER)

Leisy Correa
LEISY CORREA

Alexis L Sanchez
ALEXIS L SANCHEZ
NOTARY PUBLIC



JULY 26, 2011

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:

THERAPY WELLNESS SOLUTION CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
1150 NW 72 AVENUE SUITE 502
MIAMI, FL 33126

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**THE PURPOSE OF THIS CORPORATION OFFER A
GREAT SERVICES OF MASSAGE THERAPY TO THE
PATIENTS WHO ARE INJURED**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **LEISY CORREA**
Address: **1150 NW 72 AVENUE SUITE 502**
MIAMI, FL 33126

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: **LEISY CORREA**
Address: **1150 NW 72 AVENUE SUITE 502**
MIAMI, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

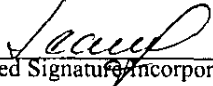
Name: **LEISY CORREA**
Address: **1150 NW 72 AVENUE SUITE 502**
MIAMI, FL 33126

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

07-26-2011
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

07-26-2011
Date

FILED
11 AUG -1 PM 1:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA