

P11000108436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

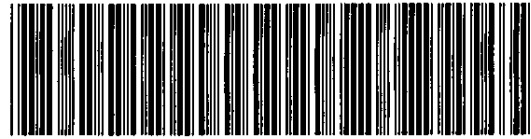
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC 27 PM 12:36

PS 12/28/11

## COVER LETTER

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

SUBJECT: G.S.V. Therapy 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

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

FROM: Viviam Alarcon

Name (Printed or typed)

6303 S.W. 116th Pl. Unit B

Address

Miami FL. 33173

City, State & Zip

786-332-8163

Daytime Telephone number

vivimagreg@yahoo.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)

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DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: G.S.V. Therapy Inc.

11 DEC 27 PM 12:36

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6303 S.W. 116th PL. unit B  
Miami FL 33173

Mailing address, if different is:

same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
to establish A Massage Therapy identity to conduct business in the state of florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title:	<u>Viviam Alarcon</u>	Name and Title:	<u>president</u>
Address:	<u>6303 S.W. 116th PL. unit B</u>	Address:	<u>same</u>
	<u>Miami FL 33173</u>		

Name and Title:		Name and Title:	
Address:		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: Viviam Alarcon  
Address: 6303 S.W. 116th PL. unit B  
Miami FL 33173

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Viviam Alarcon  
Address: 6303 S.W. 116th PL. unit B  
Miami FL 33173

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

[Signature]  
Required Signature/Registered Agent

11/17/2011  
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.

[Signature]  
Required Signature/Incorporator

11/17/2011  
Date