

PA000017733

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W146735

## 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

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

FROM: **MARIA E RUIZ**

Name (Printed or typed)

**7750 SW 117TH AVE SUITE 201D**

Address

**MIAMI FLORIDA 33183**

City, State & Zip

**305 595-2407**

Daytime Telephone number

**MARIAQUIROS9@HOTMAIL.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

February 3, 2014

MARIA E RUIZ  
7750 SW 117TH AVE SUITE 201D  
MIAMI, FL 33183

SUBJECT: THERAPY WELLNESS SOLUTION CORP  
Ref. Number: W14000006735

RECEIVED  
14 FEB 14 AM 10:38  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for THERAPY WELLNESS SOLUTION 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):

It appears that the word SOLUTION in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled SOLUTION. If you did not misspell this word intentionally, please correct the spelling to read SOLUTION and resubmit the document for processing.

Please return 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) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 514A00002306

January 13, 2014

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

Re: P11000069241 Therapy Wellness Solution Corp

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

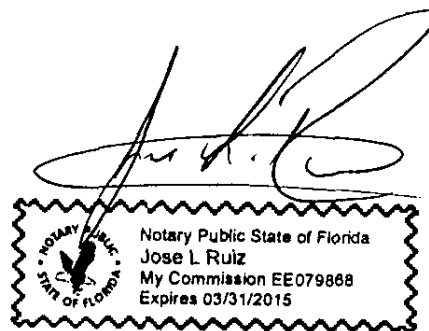
Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

  
Bernardino Nardo Goenaga

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

14 FEB 14 PM 3:10



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

15322 SW 72 STREET APT 11

MIAMI FLORIDA 33193

Mailing address, if different is:

15322 SW 72 STREET APT 11

MIAMI FLORIDA 33193

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES

**ARTICLE IV SHARES**

The number of shares of stock is: 100 @ \$1.00EA

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

Name and Title: BERNARDO J. NARDO, PRES

Address 15322 SW 72 STREET APT 11

MIAMI FLORIDA 33193

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(conti.)

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: BERNARDO J NARDO

Address: 15322 SW 72 STREET APT 11

MIAMI FLORIDA 33193

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BERNARDO J. NARDO

Address: 15322 SW 72 STREET APT 11

MIAMI FLORIDA 33193

*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*

Bernardo J Nardo

Required Signature/Registered Agent

01/13/2014

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.*

Bernardo J Nardo

Required Signature/Incorporator

01/13/2014

Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA