

06/15/2032 06:08

PA000065113

224 P.001/003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000184038 3)))



H140001840383ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

14 AUG -4 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ND THERAPY CENTER CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

14 AUG -4 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H 14000184038

Articles of Incorporation

IN COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621, F.S.

Article I - Name: The name of the corporation shall be

ND Therapy Center Corp

Article II - Principal and Mailing Address

947 SW 87 AVE
MIAMI FL 33176

Article III - Shares

The number of shares of stock is: 100

Article IV - Initial Officers and/or Directors

Alex Borrero (P)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG -4 PM 3:29

Article V - Registered Agent

The name and Florida street address of the registered agent is:

Alex Borrero
947 SW 87 AVE
MIAMI FL 33176

Article VI - Incorporator

The name and address of the incorporator is:

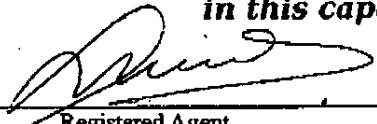
Alex Borrero
947 SW 87 AVE
MIAMI FL 33176

H 14000184038

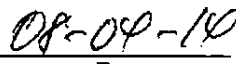
H14000184038

Required Signatures:

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




Registered Agent

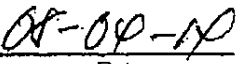


Date

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.



Incorporator



Date

14 AUG -4 PM 3:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H14000184038