

P14000071533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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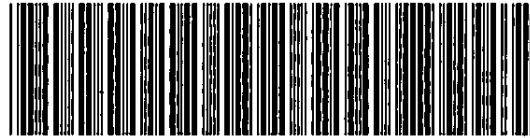
(Business Entity Name)

(Document Number)

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

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14 AUG 25 PM 4: 15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

1/14

## COVER LETTER

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

SUBJECT: Leverage Health II, 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      ☐ \$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: Mateo J. Martinez  
Name (Printed or typed)

2500 E. Las Olas Blvd #1206  
Address

Ft. Lauderdale FL 33301  
City, State & Zip

(954) 993-6299  
Daytime Telephone number

ptmartinez@gmail.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)

APPROVED  
AND  
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**ARTICLE I NAME**

The name of the corporation shall be: Leverage Health II, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6018 S.W. 18<sup>th</sup> Street  
Suites C10 and C11  
Boca Raton, FL 33433

2500 E. Las Olas Blvd  
#1206  
Ft. Lauderdale, FL 33301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Mateo J. Martinez, PVST Name and Title: \_\_\_\_\_

Address 2500 E. Las Olas Blvd Address: \_\_\_\_\_  
#1206  
Ft. Lauderdale, FL 33301

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

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

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

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

(cont.)

APPROVED  
AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: 14 AUG 25 PM 4:15  
Address: \_\_\_\_\_ Address: SECRETARY OF STATE  
\_\_\_\_\_  
TALLAHASSEE FLORIDA  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Mateo J. Martinez  
Address: 2500 E. Las Olas Blvd #1206  
Ft. Lauderdale, FL 33301

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Mateo J. Martinez  
Address: 2500 E. Las Olas Blvd #1206  
Ft. Lauderdale, FL 33301

*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*

Mateo J. Martinez 8/21/14  
Required Signature/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.*

Mateo J. Martinez 8/21/14  
Required Signature/Incorporator Date