

07/10/2032 04:39

#1370 P.001/003

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and attach it to the filing packet. Type the filing number (shown below) on the top and bottom of all pages of the document.

(((H14000204063 3)))



H140002040633ABCU

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

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
MV THERAPY ENTERPRISE CORP.

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

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

14 AUG 29 PM 4:03

RECEIVED

B 9/2/14

H14000204063

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**ARTICLE I NAME:** The name of the corporation is:MV Therapy Enterprise Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7989 NW 8 St
#101
MIAMI FL 33126**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Russell Hurtado → P
Vilma Martinez → VP

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Russell Hurtado
7989 NW 8 St #101
MIAMI FL 33126**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Russell Hurtado
7989 NW 8 St #101
MIAMI FL 33126

14 AUG 29 PM 4:46

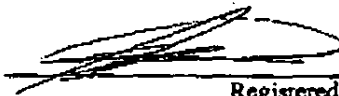
RECEIVED
DIVISION OF CORPORATIONS
FLORIDA

H14000204063

H14000204063

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

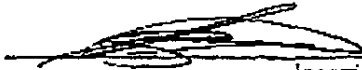


Registered Agent

9-29-14

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

9-29-14.

Date

14 AUG 29 PM 4:46

OFFICE OF THE
CLERK OF THE
SUPREME COURT
DIVISION OF
CORPORATIONS

H14000204063