#5078 P.001/003 Page 1 of 1

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.

(((11140002815983)))



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 : I2000000019

: (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 M & B THERAPY INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

12/5/2014

7

14 DEC -5 PH 18: 42

H1400028 \$5.98

ARTICLES OF INCORPORATION ... In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

EFFECTIVE: 1-1-15

ARTICLE I NAME: The name of the corporation is:
M&B Therapy INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
Stc. 224 M9am9, FL. 33145
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Silvija Mijatovic (PD)
COST COST COST COST COST COST COST COST
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:
Silvija Mijatovic
2200 SW 16th ST. Str. 224
Mami, FL, 33145
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Silvija Mijatovic
2200 SW 16th St. Str. 224
Miami, FL. 33145

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

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.