PHONE Please	Flirida Department of State Division of Corperations Electronic Filling Cover Sheet	8 d the fax audit	P. 001/01
number (shown below) on the top and bottom of all pages of th (((H14000295666 3)))	le document.	
To: From: **Enter the annual	NOT hit the REFRESH/RELOAD button on your bro page. Doing so will generate another cover sheet. Division of Corporations Fax Number : (850)617-6381 Account Name : LAZARUS CORPORATE FILING SERV Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 email address for this business entity to be us report mailings. Enter only one email address p Address:	ANASSEE FLORIDE	14 DEC 23 ANIO: 57
FL	ORIDA PROFIT/NON PROFIT CORPORA AMAREL MOBIL THERAPY INC Certificate of Status 0 Certified Copy 1 Page Count 03 Estimated Charge \$78.75	SECRETARY OF STATE TALLAHASSTELFLORIDA	THE DEC 23 PM 3: 18

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 11/03/2032	05:42 H14002297	7003 7003
	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:	
	AMAREL MOBIL THERAPY INC.	
	• <u>ARTICLE II PRINCIPAL OFFICE</u>	<u>'i</u>
	The principal street address and mailing address is: $\frac{2839}{FAST} = \frac{93}{PG} CT$ $= 3422 E$	2 2 4 4 4 4 7
	EAST PALMENTO FL 3422	
•	ARTICLE III SHARES: The number of shares of stock is:OO	
# # #	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
	AMARELE Morgado (P)	
•	·	
· · ·		
:	ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
••	The name and Florida street address (PO Box not acceptable) of the registered agent is:	
	Amarele Morgado	
	2839 93 CT EAST PALMETTO FL	
	34221	
	ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
· · · · · · · · · · · · · · · · · · ·	Amarele Morgado	
	2839 93CT EAST PALMEND +1 34221	
	<u>.</u>	1
	H140002956	65

#5642 P.003/003 11/03/2032 05:43 H14000295666 14 DEC ; \sim Ś **Required Signatures:** 37 H j j 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 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. 12 2079 til Incorporator _ * 2 of 2 H140002956 -86 . • .