

01/20/23 04:59 #7735 001/003  
**P15000017805**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H15000046153 3)))



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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
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15 FEB 23 AM 11:22  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32309

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

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

RECEIVED  
15 FEB 23 PM 4:07  
CORPORATION  
TALLAHASSEE, FL 32309

**FLORIDA PROFIT/NON PROFIT CORPORATION  
MEDICAL EXCELLENT THERAPY INC**

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

MD 2/24

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

H15000046153

**ARTICLE I NAME:** The name of the corporation is:

Medical Excellent Therapy Inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

6017 SW 8 ST  
Miami FL 33144

**ARTICLE III SHARES:** The number of shares of stock is:

100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

President:

Osquel Martinez Caceres

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Osquel Martinez Caceres  
6017 SW 8 ST  
MIAMI FL 33144

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Osquel Martinez Caceres  
6017 SW 8 ST  
Miami FL 33144


FILED  
ALL AMESSEE, FLORIDA

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15 FEB 23 AM 11:23  
STATE OF FLORIDA  
CORPORATION**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*

X \_\_\_\_\_  
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.*

X \_\_\_\_\_  
Incorporator\_\_\_\_\_  
Date