

02/16/2033 05:14

#1519 P.001/003

**P1500003/612**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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**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  
ECB MEDICAL DR THERAPY INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	<b>\$78.75</b>

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 APR - 7 AM 11:00

APPROVED  
AND  
FILED

TALLAHASSEE, FLORIDA

15 APR - 7 PM 4:08

*Handwritten signature/initials*

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

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

ECB Medical Dr Therapy Inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

5190 NW 107 ST

SUITE 102

MIAMI FL 33014

**ARTICLE III SHARES:** The number of shares of stock is: 100

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

P: Yandy Morejon Santoyo  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Yandy Morejon Santoyo

5190 NW 107 ST SUITE 102

MIAMI FL 33014

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

Yandy Morejon Santoyo

5190 NW 107 ST SUITE 102

MIAMI FL 33014

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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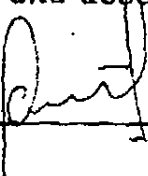
02/16/2033 05:25

#1518 P.003/003

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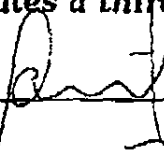
**Required Signatures:**

***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  \_\_\_\_\_ Date

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.***

x  \_\_\_\_\_ Date

Incorporator

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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