

P/5000050250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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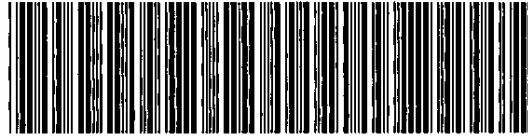
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
15 JUN - 8 PM 3:47

06/10/15

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## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** C & N THERAPY-CENTER INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** MAXIMO HERNADEZ

\_\_\_\_\_  
Name (Printed or typed)

5063 SW 157 CT

\_\_\_\_\_  
Address

MIAMI, FL 33185

\_\_\_\_\_  
City, State & Zip

786-371-4346

\_\_\_\_\_  
Daytime Telephone number

h.mj18@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: C & N Therapy Center Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5063 sw 157 ct

Miami, fl 33185

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: FORMING A CORPORATION UNDER THE FLORIDA CORPORATION ACT.

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MAXIMO HERNANDEZ (OWNER) Name and Title: \_\_\_\_\_

Address: 5063 SW 157 CT Address: \_\_\_\_\_  
MIAMI, FL 33185

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: MAXIMO HERANDEZ

Address: 5063 SW 157 CT

MIAMI, FL 33185

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: MAXIMO HERNADEZ

Address: 5063 SW 157 CT

MIAMI FL 33157

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 05/01/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)


**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

***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***

  
Required Signature/Registered Agent

06/01/2015  
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.***

  
Required Signature/Incorporator

06/01/2015  
Date