

02/10/2015 09:51 3054851098 CLARA GIRALDO P.A. PAGE 01
P16000013386

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.

((H16000034642 3)))



H160000346423ABC-

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 : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

16 FEB 10 AM 11:39
DIVISION OF STATE
CORPORATIONS

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

Email Address: _____

16 FEB 10 AM 10:05
DIVISION OF STATE
CORPORATIONS

**FLORIDA PROFIT/NON PROFIT CORPORATION
ACTIVE THERAPY, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

Electronic Filing Menu

Corporate Filing Menu

Help

md 2/11

(H160000346423)

16 FEB 10 AM 11:39
STATE OF FLORIDA
DEPARTMENT OF REVENUE

ARTICLES OF INCORPORATION

OF

ACTIVE THERAPY, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

ACTIVE THERAPY, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be Transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

To have perpetual succession by its corporate name:

ACTIVE THERAPY, INC.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

(H160000346423)

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

ANISLEY ALEJO TORRES
14959 SW 23 LN
MIAMI, FL 33185

The principal office shall be:

14959 SW 23 LN
MIAMI, FL 33185

The Mailing Address shall be:

14959 SW 23 LN
MIAMI, FL 33185

16 FEB 10 AM 11:39
CLARA GIRALDO P.A.
MIAMI, FL 33185

ARTICLE VI

The initial Board of Directors shall consist of a total of **ONE (1)** person, and the name and address of the person who is to serve as an initial director is:

ANISLEY ALEJO TORRES
14959 SW 23 LN
MIAMI, FL 33185

PRESIDENT

The name and address of the incorporator executing these Articles of Incorporation

ANISLEY ALEJO TORRES
14959 SW 23 LN
MIAMI, FL 33185

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this February 1, 2016


ANISLEY ALEJO TORRES

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

(H160000346433)

RECEIVED
FEB 10 AM 11:39
CLARA GIRALDO P.A.

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

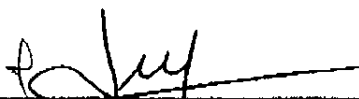
ACTIVE THERAPY, INC.

2. The Name and Address of the registered agent and office is:

**ANISLEY ALEJO TORRES
14959 SW 23 LN
MIAMI, FL 33185**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE


Dated: FEBRUARY 1, 2016

**CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300**