

02/27/2016 03:41

#5414 P.001/004

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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
HOME SPINE THERAPY, INC**

Certificate of Status	0
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Page Count	03
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T. SCOTT

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act; Hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:
HOME SPINE THERAPY, INC

ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of this corporation shall be:

9211 SW 59 ST
MIAMI, FL 33173

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE (500) HUNDRED SHARES ONE DOLLAR (1) PER VALUE COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RICARDO MALPARTIDA
9211 SW 59 ST
MIAMI, FL 33173

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02/29/2016 03:24
FEB 26-2016 16:04

VIGO & VIGO, LLP

#5414 P.003/004

305 266 6758 P.003

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

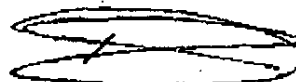
RICARDO MALPERTIDA
9211 SW 59 ST
MIAMI, FL 33173

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

RICARDO MALPARTIDA (PRESIDENT & SECRETARY)
9211 SW 59 ST MIAMI, FL 33173

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 29 day of JANUARY 2016~



Signature

Signature

Signature

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions 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:
HOME SPINE THERAPY, INC
2. The name and address of the registered agent and office is:
RICARDO MALPARTIDA

(NAME)
9211 SW 59 ST

(P.O. BOX NOT ACCEPTABLE)
MIAMI, FL 33173

(CITY/STATE/ZIP)

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 

DATE 02/29/2016

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