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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

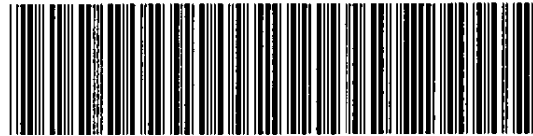
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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FILED  
16 MAY -3 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

VH

## COVER LETTER

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

**SUBJECT:** THERAPEUTIX INTERNATIONAL 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:** BRANDON CONRAD  
Name (Printed or typed)  
  
PO BOX 1465  
Address  
  
SAFETY HARBOR, FL 34695  
City, State & Zip  
  
517-937-7520  
Daytime Telephone number  
  
BRANDON@THERAPEUTIX-USA.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)

**FILED**

**16 MAY -3 PM 1:24**

**ARTICLE I NAME** THERAPEUTIX INTERNATIONAL INC  
The name of the corporation shall be: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE II PRINCIPAL OFFICE**  
Principal **street** address  
444 PAULA DR N APT 336  
DUNEDIN FL 34698

Mailing address, if different is:  
PO BOX 1465  
SAFETY HARBOR FL 34695

**ARTICLE III PURPOSE** FOR PROFIT BUSINESS SELLING RETAIL GOODS  
The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: BRANDON CONRAD, PRESIDENT Name and Title: \_\_\_\_\_

Address PO BOX 1465 Address: \_\_\_\_\_  
SAFETY HARBOR FL 34695

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

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

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

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

FILED

Name and Title: \_\_\_\_\_ Name and Title: 16 MAY -3 PM 1:24  
Address: \_\_\_\_\_ Address: SECRETARY OF STATE  
\_\_\_\_\_  
\_\_\_\_\_ TALLAHASSEE, FLORIDA  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: BRANDON CONRAD  
Address: 444 PAULA DR N APT 336  
SAFETY HARBOR FL 34698

**ARTICLE VII INCORPORATOR**

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

Name: BRANDON CONRAD  
Address: PO BOX 1465  
SAFETY HARBOR FL 34695

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

Brandon Conrad 4-26-2016  
Required Signature/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.*

Brandon Conrad 4-26-2016  
Required Signature/Incorporator Date