

SEP/18/2017/MO 12:10 PM

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Florida Department of State

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

M.A.Z THERAPY CORP

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

ARTICLES OF INCORPORATION

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

FILED

17 SEP 18 PM 4:22

ARTICLE I NAMEThe name of the corporation shall be: M.A.Z THERAPY CORPFILED
17 SEP 18 PM 4:22
HIALEAH, FLORIDA**ARTICLE II PRINCIPAL OFFICE**Principal street address301 HIALEAH DRIVE

Mailing address, if different is:

SAMEAPT: 220HIALEAH, FL 33010**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ZOILA M. AGUILAR (P/S/D)

Name and Title: _____

Address 301 HIALEAH DRIVE

Address: _____

APT: 220HIALEAH, FL 33010

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: ZOILA M. AGUILAR
 Address: 301 HIALEAH DR APT: 220
HIALEAH, FL 33010

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ZOILA M. AGUILAR
 Address: 301 HIALEAH DR APT 220
HIALEAH, FL 33010

FILED
 17 SEP 18 PM 4:22
 CLERK OF CIRCUIT COURT
 HIALEAH, FL 33010

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 days prior or 90 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
 09/15/2017
 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.817.153, F.S.

 Required Signature/Incorporator
 09/15/2017
 Date