

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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**FLORIDA PROFIT/NON PROFIT CORPORATION
LIFE THERAPY INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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2018 APR 27 PM 4:26

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
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2018 APR 27 AM 9:15
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TALLAHASSEE, FLORIDA

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APR 30 2018

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Life therapy inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

6960 NW 186 ST apt. 231Hialeah Fl.33015**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**(P) Maria de la Caridad Rodriguez Lorenzo
(V) Silvio Irauedra**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

MARIA DE LA CARIDAD Rodriguez Lorenzo
6960 NW 186 ST Apt 231
Hialeah FL 33015**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:MARIA DE LA CARIDAD RODRIGUEZ LORENZO
6960 NW 186 ST Apt 231
Hialeah FL 330152016 APR 27 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Required Signatures:

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

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.

Incorporator

Date

H18000133201