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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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|       | Fax Number                            | : (850)617-6381  | (A)         |
| From; |                                       |  |             |
|       | Account Name                          | : LAZARUS CORPORATE FILING SERVICE, INC.   | -1          |
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| ►•Ent | er the email addr<br>annual report ma | ess for this business entity to be used for future illings. Enter only one email address please.** | _           |
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## FLORIDA PROFIT/NON PROFIT CORPORATION MAURICE THERAPY CORP

| Certificate of Status | 0       |
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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

| ARTICLE I NAME: The name of the corporation is:   |             |
|---|-------------|
| Maurice Therapy corp  |             |
| ARTICLE II PRINCIPAL OFFICE:  |             |
| The principal street address and mailing address is:  |             |
| 3630 SW 92nd Ave Mani FL 331  | <u>6</u> 5  |
| ·   |             |
|   | _           |
| ARTICLE III SHARES: The number of shares of stock is:   | <b>7</b>    |
| ARTICLE III SHARES: The number of shares of stock is:   | <u> </u>    |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:   |             |
| Maurice Ortin (P)   |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   | ¥ 5: 0      |
|   | 10          |
|   |             |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDR  |             |
| The name and Florida street address (PO Box not acceptable) of the registered a                                   | gent is:    |
| MAURICE ORTIZ   | <del></del> |
| 3630 SW 92 AVE<br>MIAMI FL 33165  | <del></del> |
| MIAMI FL 33165  | <del></del> |
|   |             |
|   | ator is:    |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporation  |             |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporation  MAURICE ORTIZ  3630 SW 92 AVE  MIAMI FL 33/65 |             |

## 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

Maure Control 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