

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : USACORP INC.
Account Number : 120130000019
Phone : (718)362-4789
Fax Number : (718)408-2550

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Charles@kanenbleychaplin.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Southeast Therapeutic Innovations Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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Corporate Filing Menu

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

ARTICLE I NAME

The name of the corporation shall be: Southeast Therapeutic Innovations Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4370 SW 82 Way

Davie, FL 33328

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles F. Chaplin, Directors

Address: 4370 SW 82 Way

Davie, FL 33328

Name and Title: Bradley C. Myers, Directors

Address: 10803 NW 6th Street

Plantation, FL 33324

Name and Title: Paul A Larson, Directors

Address: 1726 Weston Cir

Erie, CO 80516

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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DIVISION OF CORPORATIONS
18 DEC -6 AM 1:16

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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: Charles F. Chaplin
Address: 4370 SW 82 Way
Davie, FL 33328

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Charles F. Chaplin
Address: 4370 SW 82 Way
Davie, FL 33328

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:

/s/ Charles F. Chaplin

Required Signature/Registered Agent

12/6/18

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.

/s/ Charles F. Chaplin

Required Signature/Incorporator

12/6/18

Date

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DA

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