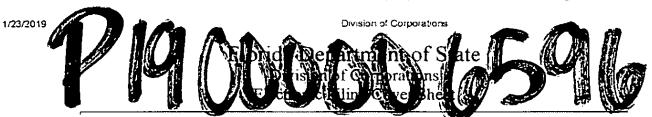
To: 18506176381 From: 14694451465 Date: 01/23/19 Time: 12:46 PM Page: 01/03



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

Email	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION WINNING VERDICT, INC.

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To: 18506176381 From: 14694451465 Date: 01/23/19 Time: 12:46 PM Page: 02/03

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

TICLE I NA/	ME WINNING VERDO	CT, INC.	
ICLE II PRI	NCIPAL OFFICE Principal <u>street</u> address	Mailing addre	ess, if different is:
SURFSIDE BO	ULEVARD		
PE CORAL, FLO	RIDA 33914		
FICLE III PUR purpose for which	POSE h the corporation is organized is:		
	IN CONSULTING ON PHYSICAL TH	ERAPY CASES AND ANY ACTIV	/ITY OR BUSINESS
RMITTED UND	ER THE LAWS OF THE UNITED STAT	ES AND OF THE STATE OF FLO	RIDA.
			
			·
Name und Titi Address	AL OFFICERS AND/OR DIRECTORS ROBERT V. VOLSKI, PRESIDENT 3628 SURFSIDE BOULEVARD	Name and Title:	t V.Vod
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CAPE CORAL, FLORIDA 33914	Address.	
Name and Title	:	Name and Title:	
Address		Addans	
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Name and Title:		Name and Title:	
Address			
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To: 18506176381 From: 14694451465 Date: 01/23/19 Time: 12:46 PM Page: 03/03

(((H190000279123)))

Name	and Title:	Name and Title.
Address		Address:
		<u> </u>
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	ROBERT V. VOLSKI	
Address:	3628 SURFSIDE BOULEVARD	
	CAPE CORAL, FLORIDA 33914	_
40 TICL F 131	ALCON BOD ATOR	
	INCORPORATOR	
	address of the Incorporator is: ROBERT V. VOLSKI	
Name:	3628 SURFSIDE BOULEVARD	-
Address:	CAPE CORAL, FLORIDA 33914	_
		_
	EFFECTIVE DATE: f other than the date of filing:	. (OPTIONAL)
		of be more than five days prior or 90 days after the
		statutory filing requirements, this date will not be listed as
e document's i	effective date on the Department of State's records.	
	med aspegistered agent to accept soffice of process am familiar with and accept for appointment as reg	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
- YX rb-	SUT // locati	JANUARY 22, 2019
1	Recorded Signature/Registered Agent	Date
submit this docume <mark>yth</mark> to the	cument and affirm that the facts stated herein are Defartment of State Consciptes a third degree felon	true. I am aware that the false information submitted in a ly as provided for in s.817.155, F.S.
Whe	NV VVoleki	JANUARY 22, 2019
Requ	red Signature/Incorporator	Date

(((H190000279123)))