

P1900004782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

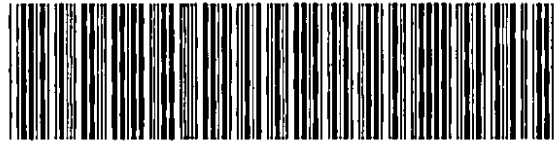
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 12 2019

11:00 AM

2019 JUN -3 AM 8:54
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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: TM THERAPY SERVICES, INC

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
& Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Sergio Torres

Name (Printed or typed)

2100 W 76 Street #408

Address

Hialeah, FL 33016

City, State & Zip

786-401-7873

Daytime Telephone number

info@payrollandtaxfl.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: TM THERAPY SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9120 NW 13TH CT

9120 NW 13TH CT

MIAMI, FL 33147

MIAMI, FL 33147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Therapy services

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MATOS LEYVA, TARCHI (P)

Name and Title: _____

Address 9120 NW 13TH CT

Address: _____

MIAMI, FL 33147

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2019 JUN -3 AM 8:51
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

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: Matos Leyva, Tarcis

Address: 9120 NW 13 Court
Miami, FL 33147

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Payroll & Tax Services LLC

Address: 2100 W 76 Street #408
Hialeah, FL 33016

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

X [Signature]
Required Signature/Registered Agent

5/29/19
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.

[Signature]
Required Signature/Incorporator

5/29/19
Date

TARCI MATOS LEYVA
9120 NW 13TH CT
MIAMI, FL 33147

To whom it may concern;

I TARCI MATOS LEYVA, president of TM THERAPY SERVICES, INC. (Document # P17000074485) will not be renewing above corporation for 2019. I am asking The Florida Department of Corporation to dissolve TM THERAPY SERVICES, INC. (Document # P17000074485). I would like to reopen a new corporation under the same name as per attached documents.

Should you have any question please contact me at the 786-385-5252.

Sincerely

A handwritten signature in black ink, appearing to read 'Tarc Matos Leyva', with a long horizontal flourish extending to the right.

TARCI MATOS LEYVA