Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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In compliance with Chapter 607 (Profit) \* TAX ID 45-1643102

ARTICLE I NAME: The name of the corporation is:

THERAPY SPORT MEDICAL CORP

medicate corp.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
Therapy Sport Hadie O Com
Therapy Sport Hadial Correll 11520 SW 81 TERRAGE MIAMI FL 33173 100
MIAMI FL 33173
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS
HISELA M. CASTRO (P)
11520 SW 81 tarraca
Minuli, FL 33173
27
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
·
Hisula H Castro
11520 SW 81 tura ca
Hieali, FL 33173
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
HISELA M CASTRO
11520 SW 81 TERRALE

MIAM! FL 33173

## Required Signatures:

Having been named as registered agent to accept corporation at the place designated in this certific appointment as registered agent and a	
Registered Agent	Date
I submit this document and affirm that the facts stathe false information submitted in a document to the false information as provided for in s.817.155, F.S. Incorporator	he Department of State constitutes -