

P200000006679

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H20000027625 3)))



H200000276253ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

FILED
2020 JAN 27 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FL

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
EDG THERAPY, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED
2020 JAN 27 PM 2:30
CORPORATIONS
COMMERCIAL
SERVICES

K PAGE

JAN 28 2020

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:EDG Therapy, Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

320 West Park Dr. apt # 103
Miami FL 33172**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Edurne Díaz González (P)Livska Cruz Forteza (VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

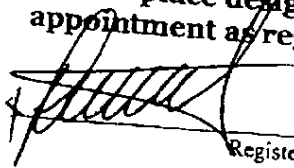
EDURNE DIAZ GONZALEZ
320 WEST PARK DR. apt 103
MIAMI FL 33172**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:EDURNE DIAZ GONZALEZ
320 WEST PARK DR apt # 103
MIAMI FL 33172SECRETARY OF STATE
TALLAHASSEE, FL

2020 JAN 27 PM 1:03

FILED

Required Signatures:

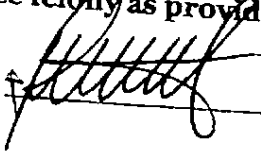
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



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

FILED

2020 JAN 27 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FL