## Division of Corporations Electronic Filing Cover Sheet

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To:	.,		¥H.	
	Division of Cor	porations		
	Fax Number	•		Ģ
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From:			2:-	-
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.		
	Account Number	: I20000000019		
	Phone	: (305)552-5973		
	Fax Number	: (305)675-5944		

## FLORIDA PROFIT/NON PROFIT CORPORATION VMI THERAPY GROUP CORP.

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

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Help

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE 1** NAME: The name of the corporation is:

VMI THERAPY Group Corp.		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
9211 W CALUSA CLUB Dr		
MIAMI, FL		
33186		
ARTICLE III SHARES: The number of shares of stock is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	·	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	Mill.	700
(P) Vicentel. Cueto		$\overline{C}$
(P) Vicentel. Cueto 9211 W CALUSA CLUB Dr	SEE	<u>-</u> -
MIANI, FL 33186		9H 6:
		: 57
ARTICLE V INITIAL REGISTERED AGENT AND STREET AD DI	RESS:	
The name and Florida street address (PO Box not acceptable) of the registered	agent is:	
Vicente 1. Cueto		
9711 W Calusa club Dr		
Migni, FL 33186	<del></del>	
ARTICLE VI INCORPORATOR: The name and address of the Incorpo	rator is:	
Vicente I Cueto		
9211 W CALUSA CLUB	Dr.	
Miami FL 33186		

## 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

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 S are constitutes a third degree felony as provided for in s. \$17.155, F.S.

Incorporator

Late

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Michael/Add Grand Number