Division of Corporations Electronic Filing Cover Sheet

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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

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 ARROJO THERAPY INC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 8187NW 8th apt 112. meani. Fl. 33124.
ARTICLE III SHARES: The number of shares of stock is:
Dansel arrojo tuduri (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is: Daniel Arrojo Tuduri 8187 NW 80 ST Apt 112 Miami FL 33126
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: Daniel Arrojo Tuduri 8187 NW 8 ST Apt 112 Miami FL 33126

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 77-30-20
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

77 - 30 -20 Date

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