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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

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Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION SUNFLOWER THERAPY INC

Certificate of Status	0
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TALLAHASSEE, FLORID

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:

SunFlower therapy inc			
ARTICLE II PRINCIPAL OFFICE:			
The principal street address and mailing address is:			
4000 SW 53RD ST apart 2			
4000 SW 5380 ST apart 2 Davie, FL 33314	_		
<u> </u>			
ARTICLE III SHARES: The number of shares of stock is: 100		·· .	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:			
	ALLIN	21 FI	
Gerox Martin Chirmo		-	71
		7 194	LED
	FL GA	ά	_
	DA IE	32	
A CENE AND STREET AT	DESS.		
The name and Florida street address (PO Box not acceptable) of the registere		s:	
Geidy Martin Chirino			
Upons Fig. et out?			
4000 Sw 53 RD ST apt 2 Davie, FL 33314			
Davie FL 30011			
ARTICLE VI INCORPORATOR: The name and address of the Incor	porator i	s:	
Coeinsy Martin Chiring		-	
4000 Sw 53 Rd St apt 2 Davie, FL 3331-		_	
Davie, FL 33314		_	

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 21

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

21 FEB | 7 FM 5: 32 SECRETARY OF STATE TALLAHASSEE, FLORID/

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