Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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FLORIDA PROFIT/NON PROFIT CORPORATION THERAPY MED CENTER, CORP.

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:					
Therapy Med Center, Corp.					
ARTICLE II PRINCIPAL OFFICE:					
The principal street address and mailing address is: 9619 Fontaineblev Blvd. Apt. 617					
Miami, FL 33172					
ARTICLE III SHARES: The number of shares of stock is: 100					
Tennifer Montesino President.					
1					
- 3 P					
£					
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:					
Jennifer Montesino					
9619 Fontainebleau Blud. Hpt 617 Miami, FL 33172.					
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:					
Jennifel Montesino. 19619 Fontainebleau Blud. Apt 617					
Miami, FL 33172.					

Required Signatures:

3052201440

Having been named as registered agent to accept corporation at the place designated in this certifi appointment as registered agent and	cate, I am familiar with and accent the
Registered Agen	3/1/2021 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 \$17.155, F.S.