

P 22000092708

(Requestor's Name)

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(City/State/Zip/Phone #)

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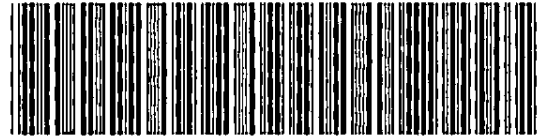
(Business Entity Name)

(Document Number)

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11

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

HYPERBARIC CRYOTHERAPY RESOURCES USA, INC.

SUBJECT: _____
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

GEORGE LAPIERRE

FROM: _____
Name (Printed or typed)
2315 W. OLD US HWY 441

Address
MOUNT DORA, FL 32757

City, State & Zip
407-592-8096

Daytime Telephone number
georgelapierreflorida@yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

HYPERBARIC CRYOTHERAPY RESOURCES USA, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

2315 W. OLD US HWY 441

MOUNT DORA, FL 32757

Mailing address, if different is:

2315 W. OLD US HWY 441

MOUNT DORA, FL 32757

ARTICLE III PURPOSE

TO MARKET, SELL, INSTALL & TRAIN

The purpose for which the corporation is organized is:

PERSONEL FOR HYPERBARIC & CRYOTHERAPY CHAMBERS FOR HUMANS, PETS, HORSES & OTHER

ANIMALS

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ARTICLE IV SHARES

100,000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **JOHN DIMMOCK P/D**

Address: **7056 DUDLEY AVE**
MOUNT DORA, FL 32757

Name and Title: **GEORGE LAPIERRE VP/D**

Address: **2315 W. OLD US HWY 441**
MOUNT DORA, FL 32757

Name and Title: **ANITA DIMMOCK S/T/D**

Address: **7056 DUDLEY AVE**
MOUNT DORA, FL 32757

Name and Title: **JUSTIN DIMMOCK D**

Address: **STE 1B VINCENT HOUSE**
486 MANOR LANE
S YORKSHIRE S2 1UQ UK

Name and Title: **JONATHAN DIMMOCK D**

Address: **480 HIGH BROOK DR**
ATLANTA, GA 30343

Name and Title: **GRANT STAIN D**

Address: **ALPHA TOWER**
FLOOR 22 SUFFOLK ST
QUEENSWAY, BIRMINGHAM

B1 1TT UK

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: GEORGE LAPIERRE

Address: 2315 W. OLD US HWY 441

MOUNT DORA, FL 32757

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: GEORGE LAPIERRE

Address: 2315 W. OLD US HWY 441

MOUNT DORA, FL 32757

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

George La Pierre
Required Signature/Registered Agent

12/5/2022
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.

George La Pierre
Required Signature/Incorporator

12/5/2022
Date

12/5/2022
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STATE
OF FLORIDA
CLERK OF THE
SUPREME COURT