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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 SUVICTHERAPY INC

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

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

- Surictherapy INC	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is: 27962 SW 134 Ct, Homested F1, 33032	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLEIV INITIAL DIRECTORS AND/OR OFFICERS:	7F-3 TEB -3
	B
	: 22
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: 27962 SW 134 Ct, Homesfeed, F1 33032	
ARTICLE VI INCORPORATOR: The name and address of the incorporator is: 1 ddith Santiago Loss 27962 SW 134 Ct Homested, Fl 33032	

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 Ot 31/25

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

Incorporator