

007000105727

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000235765 3)))



H070002357653ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : A1 A CORPORATE SERVICES, INC.
Account Number : I2001000247
Phone : (800)494-3124
Fax Number : (305)675-2811

FLORIDA PROFIT/NON PROFIT CORPORATION

O2 Therapy Inc

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

07 SEP 21 AM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

9/21/07

H07000235765 3

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be :

O2 THERAPY INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is :

3334 SPY TOWER CT

VALRICO FLORIDA 33594

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT:

DEBBRA HOLLOMAN

3334 SPY TOWER CT

VALRICO FLORIDA 33594

FILED
07 SEP 21 AM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H07000235765 3

H07000235765 3

PAGE 2 O2 THERAPY INC.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

DEBBRA HOLLOMAN
3334 SPY TOWER CT
VALRICO FLORIDA 33594

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

DEBBRA HOLLOMAN
3334 SPY TOWER CT
VALRICO FLORIDA 33594

FILED
07 SEP 21 AM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above 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.


DEBBRA HOLLOMAN / REGISTERED AGENT

9-20-07
DATE


DEBBRA HOLLOMAN / INCORPORATOR

9-20-07
DATE

H07000235765 3