

PD2000115043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

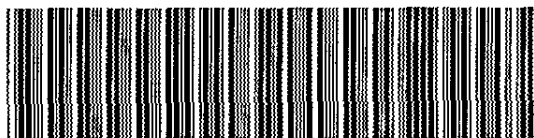
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400008576604

FILED
OCT 25 PM 2:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

10/25/02--01074--006 **78.75

RECEIVED
OCT 25 AM 11:43
DIVISION OF CLERK OF COURT

10/25/02

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ACTIVE THERAPY ASSOCIATES INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: **ACTIVE THERAPY ASSOCIATES INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7911 N.W 72 AVE #204 MEDLEY, FL 33166

ARTICLE III SHARES

The number of shares of stock this corporation is authorized to have outstanding at any time is:

ONE HUNDRED SHARES @ \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT

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


RONALD ASSEE 7911 N.W 72 AVE #204 MEDLEY, FL 33166

ARTICLE V INCORPORATOR(S)

The name and address of the incorporator(s) to these Articles of Incorporation are:

RONALD ASSEE (PRESIDENT) 7911 N.W 72 AVE #204 MEDLEY, FL 33166

RACHEL S. DELVALLE (VICE PRESIDENT) 7911 N.W 72 AVE #204 MEDLEY, FL 33166

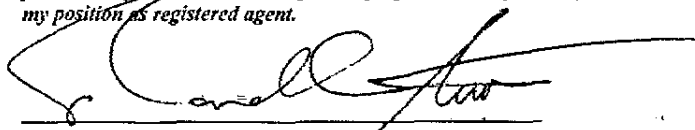

Signature / Incorporator

10/24/02
Date


Signature / Incorporator

10/24/02
Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature / Registered Agent

10/24/02
Date

FILED
02 OCT 25 PM 2:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA