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Office Use Only



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SECRETARY OF SAIS

T. Hampton | IIIN 19 2006-

COVER LETTER

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

_{SUBJECT:} Jodi	Jainchill Physical T	herapy, Inc.	
Enclosed are an original \$70.00 Filing Fee	inal and one (1) copy of the arti \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: Jo	odi Jainchill Name	(Printed or typed)	
-	15808 NW 90 St.	Address	
· <u>-</u>	Alachua, FL 32615	, State & Zip	
•	352-222-0924		

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

Daytime Telephone number

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be:

Jodi Jainchill Physical Therapy, Inc.

2006 JUN 19 PM 2: 48

SECRETARY UP STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

15808 NW 90 St. Alachua, FL 32615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all legal businesses

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

President and Director: Jodi Jainchill

15808 NW 90 St. Alachua, FL 32615

ARTICLE VI REGISTERED AGENT

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

Jodi Jainchill 16407 NW 88 terr. Alachua, FL 32615

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jodi Jainchill 16407 NW 88 terr. Alachua, FL 32615

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

Jour Jourst	
Signature/Registered Agent	Date
Inci Device	
Signature/Incorporator	Date