# 00004383°1 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 : (850)878-5368 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## FLORIDA PROFIT/NON PROFIT CORPORATION

The Weston Group of Florida I, Inc.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$70.00 |

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## **COVER LETTER**

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

| SUBJECT: 7            | he Westen bro                                | oup of Flaid                          | k I, Inc   |  |  |
|-----------------------|--|---------------------------------------|--|--|--|
| <u> </u>              | (PROPOSED CORPORA                            | TE NAME - MUST INCL                   | UDE SUFFIX)  |  |  |
|                       |  |                                       |  |  |  |
| Enclosed are an orig  | inal and one (1) copy of the artic           | cles of incorporation and             | a check for:                                       |  |  |
| \$70.00<br>Filing Fee | □ \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy | S87.50 Filing Fee, Certified Copy & Certificate of |  |  |
|                       |  | Status ADDITIONAL COPY REQUIRED       |  |  |  |
| FROM:                 | -tanen                                       | 7 S. RUOT                             |  |  |  |
|                       | Name (Printed or typed)                      |                                       |  |  |  |
| ·                     | 2222 50                                      | LLIVAN TRA                            | عال  |  |  |
|                       | Address                                      |                                       |  |  |  |
|                       | EASTON,                                      | PA 1804                               | 0  |  |  |
|                       | City,  | State & Zip                           |  |  |  |
|                       | (610)43                                      | elephone number                       |  |  |  |
|                       | Daytime To                                   | elephone number                       |  |  |  |
| Tam                   | my@westongroupinc.com                        |                                       |  |  |  |
|                       | E-mail address: (to be used                  | for future annual report              | notification)                                      |  |  |

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

### 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:

The Weston Group of Florida I, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2222 Sullivan Trail, Easton, PA 18040

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Physical, occupational and speech therapy

#### ARTICLE IV SHARES

The number of shares of stock is:

1,000

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Randall A. Weston, President/Director 2222 Sullivan Trail, Baston, PA 18040

#### ARTICLE VI REGISTERED AGENT

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

C T Corporation System ,1200 South Pine Island Road Plantation, Florida 33324

#### INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

Randall A. Weston 2222 Sullivan Trail, Baston PA 18040

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

C T Corporation System

Signature/Incorporator

grature/Registered, Agent

~ Zo -10 Date

05/8/2010

Date

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PLOOI - 12/02/2009 C Y System Online