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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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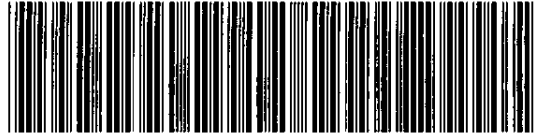
(Business Entity Name)

(Document Number)

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04/20/09--01044--022 \*\*70.00

FILED  
09 APR 20 PM 12:27  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

B. McKnight APR 21 2009

## COVER LETTER

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

**SUBJECT:** Level 5 Sports Medicine and Rehabilitation, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                            & Certificate of  
                            Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** James J. Woolard

Name (Printed or typed)

16389 Bridlewood Circle

Address

Delray Beach, FL 33445

City, State & Zip

561.573.0251

Daytime Telephone number

**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:

Level 5 Sports Medicine and Rehabilitation, Inc

### ARTICLE II PRINCIPAL OFFICE

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

3155 S Federal Hwy Delray Beach, FL 33483

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Physical therapy services and the treatment of sports injuries.

### ARTICLE IV SHARES

The number of shares of stock is:

100 shares

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

James Woolard, 16389 Bridlewood Cir, Delray beach, FL 33445 President

Dominic Pompile, 21090 Water Oak Terrace, Boca Raton FL 33428 Vice President

Ann Woolard, 16389 Bridlewood Cir, Delray beach, FL 33445 Secretary and Treasurer

### ARTICLE VI REGISTERED AGENT

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

James Woolard 16389 Bridlewood Cir Delray Beach, FL 33445

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James Woolard 16389 Bridlewood Cir Delray Beach, FL 33445

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\*\*\*\*\*  
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 furnished with and accept the appointment as registered agent and agree to act in this capacity:

Signature/Registered Agent

Signature/Incorporator

Date

Date