

Division of Corporations

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**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3588

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

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
ATI of Carrollwood, Inc.**

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

RECEIVED

11 FEB -9 PM 12:48

DIVISION OF CORPORATIONS

FILED

2011 FEB -9 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 10 2011

**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of ATI OF CARROLLWOOD, INC. was filed on 01/31/2011, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

I further certify, that no other documents have been filed by such Corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 08th day of February
two thousand and eleven.*

Daniel Shapiro
First Deputy Secretary of State

201102090142 * RD

FILED
2011 FEB -9 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. ATI of Carrollwood, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York

(State or country under the law of which it is incorporated)

3. _____

(FBI number, if applicable)

4. 1-31-11

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 250 47th Street, Brooklyn, NY 11220

(Principal office address)

(Current mailing address)

8. Rental

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Michael Ziegler

Office Address: 4907 Sheridan Street

Hollywood

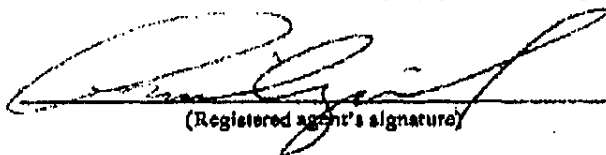
(City)

, Florida 33021

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Michael Ziegler

Address: 250 47th Street, Brooklyn, NY 11220

Vice Chairman: Michael Ziegler

Address: 250 47th Street, Brooklyn, NY 11220

Director: Michael Ziegler

Address: 250 47th Street, Brooklyn, NY 11220

Director: _____

Address: _____

B. OFFICERS

President: Michael Ziegler

Address: 250 47th Street, Brooklyn, NY 11220

Vice President: Michael Ziegler

Address: 250 47th Street, Brooklyn, NY 11220

Secretary: Michael Ziegler

Address: 250 47th Street, Brooklyn, NY 11220

Treasurer: Michael Ziegler

Address: 250 47th Street, Brooklyn, NY 11220

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.

14. Michael Ziegler, President

(Typed or printed name and capacity of person signing application)

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