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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AIMS PHYSICAL THERAPY CORP.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ARIEL MORTERA, PT

Name of Person

AIMS PHYSICAL THERAPY CORP.

Firm/Company

6251 DALTON SPRINGS COURT

Address

JACKSONVILLE, FLORIDA 32258

City/State and Zip code

aimsphysicaltherapy@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARIEL MORTERA, PT at (773) 9343744

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. AIMS PHYSICAL THERAPY CORP.
(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. ILLINOIS, USA 3. (EIN) 27-5562944
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/14/2011 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NONE
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6251 DALTON SPRINGS COURT, JACKSONVILLE, FL 32258
(Principal office address)

6251 DALTON SPRINGS COURT, JACKSONVILLE, FL 32258
(Current mailing address)


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

Name: ARIEL MORTERA, PT

Office Address: 6251 DALTON SPRINGS COURT
JACKSONVILLE, Florida 32258
(City) (Zip code)

9. 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.

, PT
(Registered agent's signature)

10. 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.

14 NOV 25 PM
TALLAHASSEE, FL
STATE DEPT. OF REVENUE

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ARIEL MORTERA, PT

Address: 6251 DALTON SPRINGS COURT

JACKSONVILLE, FL 32258

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____

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.817.155, F.S.

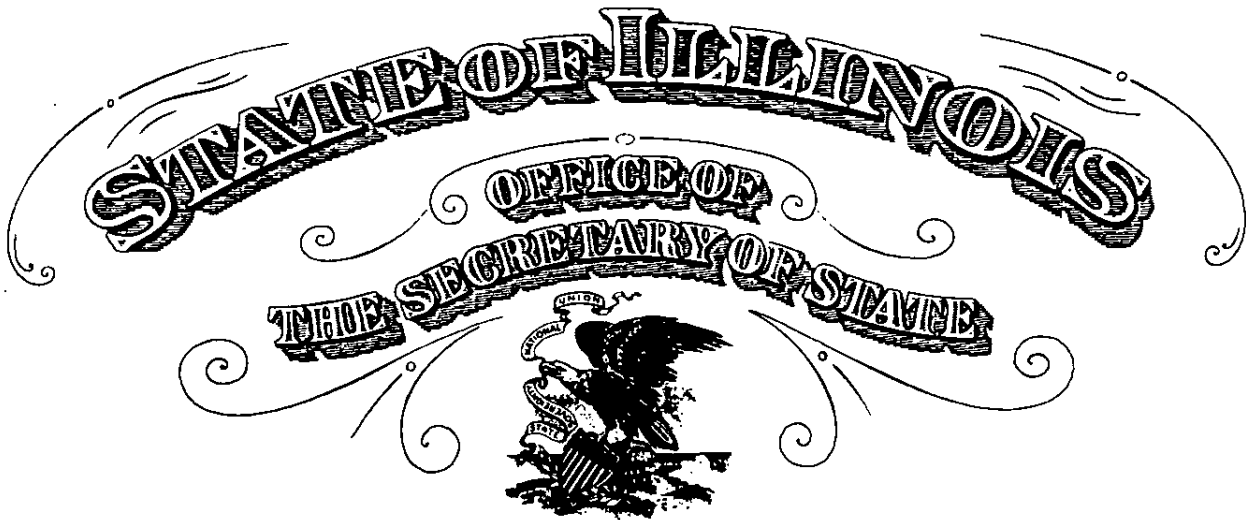
13. ARIEL MORTERA, PT - PRESIDENT

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

14 NOV 25 PM 5:35
TALLAHASSEE, FLORIDA

File Number

6780-508-9



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

AIMS PHYSICAL THERAPY CORP., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 14, 2011, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1432801644

Authenticate at: <http://www.cyberdriveillinois.com>

*In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 24TH
day of NOVEMBER A.D. 2014 .*

Jesse White

SECRETARY OF STATE

WWW. ILLINOIS.COM

JESSE WHITE
SECRETARY OF STATE



CORP/LLC - CERTIFICATE OF GOOD STANDING

Thank You For Using The Certificate of Good Standing System!

Your Certificate of Good Standing has been processed. If you have any questions concerning your purchase, please contact us through the [Business Services Contact Form](#).

Please print this receipt for your records.

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Authentication Number:	1432801644
Confirmation Number:	120224
Transaction Fee:	\$25.00
Expedited Fee:	\$20.00
Payment Processor Fee:	\$2.00
Total Fee:	\$47.00
Payment Method:	CREDIT CARD
Printable Document:	Print Certificate 

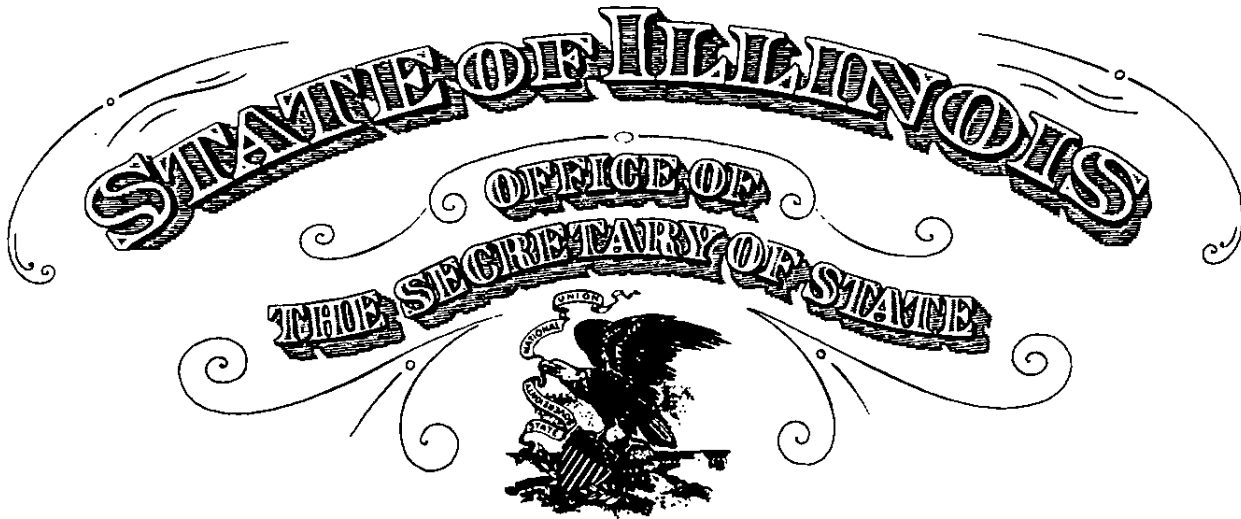
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File Number 6780-508-9



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In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 24TH day of NOVEMBER A.D. 2014 .

Jesse White

Authentication #: 1432801644

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE

FORM **BCA 2.10**
ARTICLES OF INCORPORATION
Business Corporation Act

Filing Fee: \$150
Franchise Tax: \$ 25
Total: \$175

File #: **67805089**

Approved By: **CLD**

FILED
MAR 14 2011
Jesse White
Secretary of State

1. Corporate Name: **AIMS PHYSICAL THERAPY CORP.**

2. Initial Registered Agent: **ARIEL MORTERA**

First Name	Middle Initial	Last Name
Initial Registered Office: 1907 N 76TH AVE		
Number	Street	Suite No.
ELMWOOD PARK	IL	60707-3605
City	ZIP Code	County

3. Purposes for which the Corporation is Organized:

The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act.

4. Authorized Shares, Issued Shares and Consideration Received:

Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
COMMON	1000	1000	\$ 1000

NAME & ADDRESS OF INCORPORATOR

5. The undersigned incorporator hereby declares, under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated MARCH 14	2011	1907 N 76TH AVE	
Month & Day	Year	Street	
ARIEL MORTERA	ELMWOOD PARK	IL	60707
Name	City/Town	State	ZIP Code