

FILE000003717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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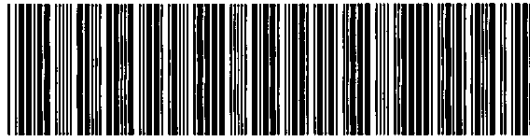
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

La Fortaleza Physical Therapy Centers, Inc

SUBJECT: _____
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:

Cef Otero, CPA

Name of Person

Otero & Associates, PLLC

Firm/Company

324 Wilshire Blvd.

Address

Casselberry, FL 32707

City/State and Zip code

info@oterofirm.com

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

For further information concerning this matter, please call:

Cef Otero, CPA

407

834-3133

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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.*

La Fortaleza Physical Therapy Centers, Inc

1. _____
(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. Pennsylvania 3. 23-2792444
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 19, 1994 5. Perpetual
(Date of incorporation) (Date of duration, if other than 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. 133 W Hunting Park Ave., Philadelphia, PA 19140-2717
(Principal office address)
N/A

(Current mailing address, if different)

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

Name: Otero & Associates, PLLC

Office Address: 324 Wilshire Blvd.
Casselberry, Florida 32707
(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.

Cef Otero, Managing Member
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Carmen Rivera
Address: 133 W Hunting Park Ave
Philadelphia, PA 19140-2717

Vice Chairman: Jose Rivera
Address: 133 W Hunting Park Ave
Philadelphia, PA 19140-2717

Director: Luis Hincapie
Address: 133 W Hunting Park Ave
Philadelphia, PA 19140-2717

Director: _____
Address: _____

B. OFFICERS

President: Carmen Rivera
Address: 133 W Hunting Park Ave
Philadelphia, PA 19140-2717

Vice President: Jose Rivera
Address: 133 W Hunting Park Ave
Philadelphia, PA 19140-2717

Secretary: Luis Hincapie
Address: 133 W Hunting Park Ave, Philadelphia, PA 19140-2717

Treasurer: Jose Rivera
Address: 133 W Hunting Park Ave., Philadelphia PA 19140-2717

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 11 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. Jose Rivera, Vice President
(Typed or printed name and capacity of person signing application)

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15 JUL 29 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

06/28/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

LA FORTALEZA PHYSICAL THERAPY CENTER, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Pedro A. Contes

Secretary of the Commonwealth

Certification Number: TSC160627141342-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>