

N11000009250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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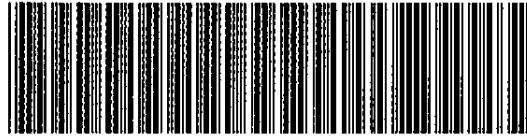
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 30 2011

COVER LETTER

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

SUBJECT: CutiePatooties Therapy Services, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Novis T. Naylor
Name (Printed or typed)

3574 Live Oak Hollow Drive
Address

Orange Park, FL 32065
City, State & Zip

904-860-7664
3574 Live Oak Hollow Drive Phone number

cutiepatooties.opfl@aol.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: CutiePatooties Therapy Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3574 Live Oak Hollow Drive
Orange Park, Florida 32065

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Physical, Occupational and Speech Therapy care to children and adults with special needs.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Bi-annually by vote of the exisiting Officers and Board of Directors

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Novis T. Naylor, President & Director
Address: 3574 Live Oak Hollow Drive
Orange Park, Florida 32065

Name and Title: _____
Address: _____

Name and Title: Michael Naylor, Director
Address: 3574 Live Oak Hollow Drive
Orange Park, Florida 32065

Name and Title: _____
Address: _____

Name and Title: Brenda Geter, Director
Address: 900 Matunuck Court
Virginia Beach, Virginia 23452

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Novis T. Naylor
Address: 3574 Live Oak Hollow Drive
Orange Park, Florida 32065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Novis T. Naylor
Address: 3574 Live Oak Hollow Drive
Orange Park, Florida 32065

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 famillar with and accept the appointment as registered agent and agree to act in this capacity

Novis T. Naylor

Required Signature of Registered Agent

9/28/11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Novis T. Naylor

Required Signature of Incorporator

9/28/11

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA