## P0100014745 TRANSMITTAL LETTER

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

500003656175--6 -02/07/01--01073--014 \*\*\*\*\*78.75 \*\*\*\*\*\*79.75

SUBJECT:

Physical Success INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFERS)

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

S70.00 Filing Fee

\$78.75

Filing Fee

& Certificate of Status

S78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee,

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: <u>BRIAN KICHMAN</u>			
Name (Printed or typed)			
8861 SUNFISE LIGS BIVD #108	SECRE IA	OI FEB	二
SUNCISE EL 33322 City, State & Zip	KY OF ST SSEE, FLO	-7 PM	LED
954 249 708 Daytime Telephone number	ORIDA	1:43	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION	T.C. (Bunfie)		
In compliance with Chapter 607 and/or Chapter 621.	, r.S. (Prom)		4
ARTICLE I NAME	. <del>-</del>	v 4	SEC O
The name of the corporation shall be:			
Physical Success Inc.	· –		FILED FEB-7 PM 1: 43 RETAKY OF STATE AHASSEE, FLORID
ARTICLE II PRINCIPAL OFFICE	No.	<b>~</b> ,	出る。
The principal place of business/mailing address is:	<u></u>		\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
5861 Suncise Liks 15/10 #10 Suncise PL 33322	<b>)</b>	- :	DA CS
ARTICLE III PURPOSE	Ex		
The purpose for which the corporation is organized	is:	-	
Physical therapy Services			
ARTICLE IV SHARES			
The number of shares of stock is:			
100,000			
ARTICLE V INITIAL OFFICERS/DIRECTOR	RS (optional)		
The name(s) and address(es):	<del>-</del>	<del></del>	
ADVIOLE LA DEGLOCEPER AGENT			
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered	ed agent ic:	sa <sup>™</sup> .	
BRIAN AICHMAN H	od agent ist		
BRIAN AICHMAN 8861 SUNCISE LKS Blud #108 SUNCISE FL 37322	<u> </u>		
2011 J. 31322	1.		
ARTICLE VII INCORPORATOR	wa w	. <del></del>	
The name and address of the incorporator is:			
BRIM RICHMAN 8861 SUNCISE LKS BWD #108			
SUDDISC FL 33322		na.	
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Having been named as registered agent to accept service of procentificate, I am familiar with and accept the appointment as rej	cess for the above stated on	poration at the ct in this capac	: place designated in this ity
R(1.1)		2/1	
Signature/Registered Agent		2/4/0	<u>)</u>
a a A		Date	
Chulmes		2/4/1	

Signature/Incorporator