

TRANSMITTAL LETTER

**P01000093085**

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

700004602137--7

-09/20/01--01033--008

\*\*\*\$70.00 \*\*\*\*\*70.00

SUBJECT:

Argyro A. Gemelas 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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM:

Argyro Ann Gemelas  
Name (Printed or typed)

5522 Pentail Circle  
Address

Tampa, FL 33625  
City, State & Zip

(813) 601-7697  
Daytime Telephone number

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

FILED  
01 SEP 20 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BB 9-24-01

FILED

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

01 SEP 20 PM 12: 16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: Argyro A. Gemelas Therapy Services Incorporated

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is: 5522 Pentail Circle  
Tampa, FL 33625

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to transact any business which is legal in the United States and the state of Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000 shares

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

**ARTICLE VI REGISTERED AGENT**

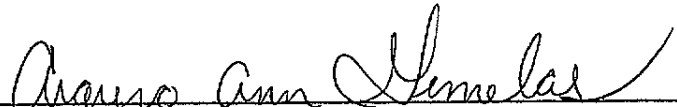
The name and Florida address of the registered agent is: Argyro Ann Gemelas  
5522 Pentail Circle  
Tampa, FL 33625

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is: Argyro Ann Gemelas  
5522 Pentail Circle  
Tampa, FL 33625

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

  
\_\_\_\_\_  
Signature/Registered Agent

9-17-01  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9-17-01  
Date