TRANSMITTAL LETTER

02 AUG 22 AM 9: 27

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

SUBJECT: _	PELICAN SPORTS AN	D REHABILITATION	on, Inc.
	(FROPOSED CORPOR	ATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed is an orig	ginal and one(1) copy of the article	es of incorporation and a	check for:
☐ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	e e e e e e e e e e e e e e e e e e e	ADDITIONAL CO	PY REQUIRED
FROM	FROM: MICHAEL WILLETT MICHAEL VIA Name (Printed or typed)		4
		MI TRAIL, SUITE	227A

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

Daytime Telephone number



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

August 15, 2002

MICHAEL WILLETT 9853 N TAMIAMI TRAIL STE 227A NAPLES, FL 34108

SUBJECT: PELICAN SPORTS & REHABILITATION, INC.

Ref. Number: W02000023597

We have received your document for PELICAN SPORTS & REHABILITATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU CAN ONLY LIST ONE REGISTERED AGENT IN ARTICLE VI, WITH THEIR SIGNATURE.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock Document Specialist New Filing Section

Letter Number: 902A00048338

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: Petican Sports and Rehabilitation Inc ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 9051 N. Tamiami Tr. Unit 104	FILED 02 AUG 22 AM 9: 27 SECK: STATE TALLAHASSEE, FLORIDA
The principal place of business/mailing address is: 9051 N. Tamiami Tr. Unit 104	SECK: STATE TALLAHASSEE, FLORIDA
Naples FL, 34100	
The purpose for which the corporation is organized is:	
Physical Thrapay and any other lawfil program allowed ARTICLE IV SHARES The number of shares of stock is: 1000 shares Of 100 pur shair	by Florda law.
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): President: Michael Willett 3633 Country Club Blud #1 5750 C	nel Vià Old Ahwood D- sota, FC 34233
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Michael Wilett 3633 (am by Club Blud #1 Cape Coral, Pt 33904	
The name and address of the Incorporator is: Michael Via 5150 old Shuood D	-
Sansot, fl 34233	
rtificate, I am familiar with and accept the appointment as registered agent and agree to grature/Registered Agent	*************************************
gnature/Incorporator	Date 8-46-62

Date