P03000008873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

✓ D. WHITE JAN 2 4 2003

Office Use Only

100010587741

01/24/03--01028--009 **78.75

RECEIVED
03 JAN 24 AM 10:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED
03 JAN 24 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.
Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101
Address

CORAL GABLES, FL 33134 (305) 444-4994
City/State/Zip Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. RAFAEL OLIVA PHYSICAL THERAPY INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☒ Pick up time _____ ☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	

CR2E031(9/92)

APPROVED
AND
FILED

03 JAN 24 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

RAFAEL OLIVA PHYSICAL THERAPY INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1085 NW 126 CT
MIAMI, FL 33182

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

RAFAEL OLIVA
1085 NW 126 CT
MIAMI, FL 33182

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

RAFAEL OLIVA
1085 NW 126 CT
MIAMI, FL 33182

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

RAFAEL OLIVA
1085 NW 126 CT
MIAMI, FL 33182

****

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

Rafael J Oliva P.T. — 1-23-03

Signature/Registered Agent — Date

Rafael J Oliva P.T. — 1-23-03

Signature/Incorporator — Date